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COMMISSION OF INQUIRY INTO THE NON-MEDICAL USE OF DRUGS

COMMISSION D'ENQUETE SUR L'USAGE DES DROGUES A DES FINS NON MEDICALES

April 9, 1970 Classroom Building, University of Saskatchewan REGINA, Saskatchewan.



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1 COMMISSION OF INQUIRY INTO THE 2 NON-MEDICAL USE OF DRUGS 3 COMMISSION D'ENQUETE 4 SUR L'USAGE DES DROGUES A DES FINS NON MEDICALES 5 6 BEFORE: 7 Gerald LeDain, Chairman, 8 Ian Campbell, Member, 9 J. Peter Stein, Member, 10 H.E. Lehmann, M.D., Member, 11 James J. Moore, Executive Secretary, 12 13 14 15 16 17 RESEARCH: 18 Dr. Ralph Miller, 19 Dr. Charles Farmilo. 20 21 SECRETARY TO THE CHAIRMAN: 22 Vivian Luscombe. 23 24 25 April 9, 1970 Classroom Building, 26 University of Saskatchewan, 27 REGINA, Saskatchewan. 28





Upon commencing at 1:00 p.m.

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THE CHAIRMAN: Ladies and gentlemen, this is an informal hearing of the Commission

of Inquiry into the Non-Medical Use of Drugs.

We have had this kind of hearing all across Canada in universities. I don't know that one has ever been better attended than this. I don't want to take any of the time that we have with a long statement about the background of our appointment. You are probably generally familiar with our task.

I would just like to say about two words about what we are asked to inquire into, but before that I would like to introduce the members of the Commission:

At my far right, Dean Ian Campbell of Montreal; on my immediate right, Dr. Heinz Lehmann of Montreal; I am Gerald LeDain; on my left, Mr. James Moore, Executive Secretary of the Commission; on Mr. Moore's left, Mr. J. Peter Stein, member of the Commission from Vancouver. We regret that the other member of the Commission, Professor Marie Andrée Bertrand, has been unable to be with us at our hearings in Saskatchewan.

Now very briefly, we are asked to inquire into the effect of these psychotropic drugs, mood-modifying drugs and substances. We are asked to inquire into the extent and pattern of use, non-medical use, of these drugs in Canada.

Finally, we are asked to inquire into the motivation of such use, and the related social

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factors, and just generally its significance in our society today, in relationship to other things happening to the society, to us as individuals.

And on the basis of this knowledge and of course by implication, we are asked to look at the present social response of this phenomena, the full range of it, and on the basis of these findings to make recommendations to the Federal Government as to what it can do alone, or with other levels of government in Canada, and the words in the terms of reference are, "how it can act in the reduction of the dimensions of the problems involved in such use."

So the terms of reference are very broad, and indeed invite us, I think inevitably, to --or involve us inevitably in a social commentary in our time.

And because there hardly seems to be any knowledge or understanding about the human condition today, that is relevant to this question.

Now I take the liberty before

I invite discussion here today, of making the statement
that I hope won't be misunderstood, or perhaps won't
seem fortuitous, but as we come along in our inquiry
there has been a suggestion to us by people, that they
feel we must have heard everything, and that there can
be little light to be thrown on the subject, and they
want to spare us the burden of hearing it again.

And from our point of view, it is quite the contrary. It is very important that we hear what everyone in each locality thinks about this



as comprehensively and as fully as possible, because it is in that way we can come to what we feel is a reliable understanding of the truth, and we can have confirmation of some of the hypothesis that we have heard earlier, some of the views and experiences. It is very important.

This gives us a sense of the weight, so it is essential that we hear your views as fully as possible. And I may say that our experience has been that in every place we have gone to, we have had fresh light on certain aspects of a particular experience, each community has its own experience. So that I can assure you that it is to us of unending value, and interest to get these views as fully as we can, in each place.

So I hope you will not in any way feel inhibited in the sense we have heard a lot.

Of course we have, but we feel we all have a lot more to learn about it, and certainly what the communities feel as a whole.

So I would like you to give us
the benefit of your views in any aspect of this
phenomenon. I may say there have emerged certain very
basic general questions, which seem to show the
suggested nature of the decisions that have to be made
here, of a moral family nature.

The question is, what is to be our general attitude as to the non-medical drug use as such. What is to be our value approach to this, value judgment if you want. What is the judgment for



our general policy, and that doesn't really say what we are going to do about it.

And then there is, what is the appropriate role of the law, in particular the criminal law, in this whole area of human conduct. What is the responsibility of government, if any.

These are basic questions. Now

I suppose you might say philosophically, and then the

basic question about information, and education: Do

we tell the whole truth; do we tell the good as well

as the bad? And if so, do we make any differentiations

as to the appropriate age?

And in treatment there are questions: Is there any proper scope of treatment and such, and what is it we are treating, and what is this notion of the need. Is there an aid; and there are many other questions of this very fundamental character, and finally of course, what is the meaning of this phenomenon, larger meaning or significance of this phenomenon.

And I must say we are particularly interested in having the views of university students, and we would derive a great deal of assistance. We have formed some views, our understanding of the motivation, interpretation, but we feel we have a long way to go to really feel we have an understanding of the measure of significance of this phenomena.

And what can be done about the social conditions, the personal conditions, personal relationships, to create a better kind of personal





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development in a personal relationship.

These are broad areas that we would be very glad to have your help on. But as I say, if you feel in any way we would be interested, to hear your aspect.

We have microphones here that

may not be possible for all of you, or always convenient

but I am sure the acoustics seem very good, and I am

sure you could make yourself heard even though you

can't reach a microphone.

So it is open for discussion.

There is always a hero, or heroime, who walks out to the end of the board, and takes the first plunge in, and sometimes we wait a dramatic moment or two for this. But we never fail to find a person.

We hope the University of

Saskatchewan 'going to be second to any other university in that respect. We are going to strike a medal

for this at the end of the Inquiry.

THE PUBLIC: Yes. I would like to speak on behalf of the Students' Union, Regina

Campus of the University of Saskatchewan.

I have a brief, but I want to speak on a specific area of this question; but that has to do with marijuana, although I don't want to go into the evidence itself. I am sure the evidence you people have found is that physically marijuana is probably not any more harmful than chlorine in the drinking water, and no more habit forming than maybe



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television, but there is a real danger in marijuana, a person using marijuana, and that is the fact if they if use it and/they are caught they go to jail.

And so I would like to address my remarks to just the legalization of marijuana -- or the illegalization of it, and what might be hoped to be gained by this.

I think the people that decided that marijuana should be illegal, were of the opinion that widespread distribution of marijuana was a bad thing, and this is something they wanted to curtail.

However, by making it illegal

I don't think they have done this at all. I think from
the evidence, you people have found marijuana usage is
going up, and up, and up, and making it illegal is
just putting a penalty on people who are using it, not
stopping people who are using it.

And I think the problem you people should be mainly concerned with then is, the problem of who benefits by it being legal, and who doesn't, and whether or not ---

THE CHAIRMAN: Excuse me, would you stop please, just for a minute?

Excuse me. Could I speak to the photographer?

I apologize to you all. I neglected, and this hasn't happened for some time, because I guess we were forgetting about it.

We have requested right across

Canada, the media not to take pictures of anyone other





than those making formal submissions at our public hearings, who are seated at the table for that purpose, and the media have co-operated with us, and respected this request.

And the basic idea has been that no one should be --have their picture taken at our hearings, unless he or she wished, and they have been prepared to accept that, and I didn't ask that pictures not be taken.

I would appreciate it if you wouldn't. This is a request that has been respected right across Canada, and we haven't had any difficulty about it, and if you would sort of use your own discretion on the pictures you have taken, I would appreciate it.

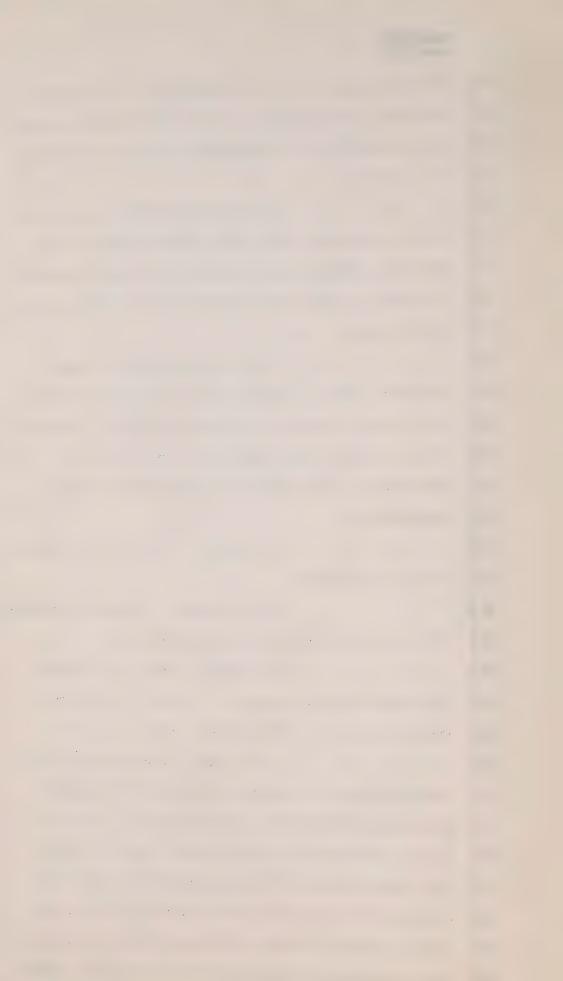
THE PUBLIC: I will destroy them.
We had no knowledge.

THE CHAIRMAN: You had no knowledge.

Thank you very much, and I appreciate that.

THE PUBLIC: But to get back to the problem facing marijuana, I think the problem is whether people have the choice to use it, or not.

Like I don't think anyone on this Commission would be happy with the fact that people are being pressured into using marijuana, and yet we are all familiar with the fact that the availability of a commodity doesn't have as much play on its usage as the salesmanship that goes into marketing it, and we also know what happens to/illegal product that are on a black market, that they are still marketed, there





are still the pressures for people to buy, and there is particularly the pressures when your friend is earning his way through college by peddling a little bit of marijuana.

This could be eliminated by legalizing marijuana, but not across the board. The legalization without any restrictions: I think what this Commission should be recommending is legalization but on the basis that there isn't a great amount of advertising that goes into it, such as liquor, cigarettes, or any other commodity on our market.

about the increased usage of marijuana, then they should eliminate these pressures for people to buy it, both on the black market and on the legal market, by firstly controlling both processing and distributing of marijuana, so it is under a government agency, and there is no profits involved, there is not people reaping profits, and there is not the incentive for people to be buying it, and this is the brief I want to present to you people.

THE CHAIRMAN: Thank you.

Dean Campbell?

MR. CAMPBELL: It seems to me you oppose the use of advertising of this particular drug. Are you saying this with reference to cannabis exclusively, or do you have the same reservation, or the same opposition to the continuation of advertising — urging the use of tobacco, or alcohol, or any other such drug?

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1 THE PUBLIC: I am under the 2 opinion that marijuana is not a harmful thing, but 3 some people have this hang-up, this is a bad thing, 4 people shouldn't be using it, and they think by making 5 it illegal they are meeting these ends; that people 6 aren't going to use it because it is illegal. 7 But this has been defeated. People 8 are still using it, the increase in marijuana has been 9 going up, and up. So I say maybe the answer 10 then is to make it legal, but to eliminate this 11 pressure. 12 MR. CAMPBELL: I follow that one, 13 but I am wondering if you make it legal, from what you 14 said, in a fashion similar to alcohol, and you say, 15 "But no, won't advertise cannabis." Are you also saying 16 that there should not be advertising of alcohol, 17 advertising of tobacco? THE PUBLIC: Sure. 18 THE PUBLIC: I go along with that, 19 20 but it is a whole new argument. MR. CAMPBELL: I just wondered if 21 that was the implication to be taken from the statement. 22 23

THE PUBLIC: I think with any commodity, the person should have the ability to determine by themselves whether they are going to use it or not.

I think this is what we talk about, when we talk about freedom. We don't talk about the 133 million dollars that Procter & Gamble spend on advertising of soap.

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11 1 We talk about whether it is a 2 good soap, and whether we should be using it or not. 3 THE CHAIRMAN: But from the 4 practical point of view, one might put the question 5 this way: Assuming that one can not impose greater 6 restrictions on the advertising of alcohol and tobacco 7 that are now applied, would you still -- you still 8 say there should not be advertising of cannabis? Do 9 you see what I mean? 10 THE PUBLIC: Yes. What I suggest 11 would be though, both processing and marketing of 12 marijuana be done by government agencies, whereas right 13 now the distribution of alcohol is, but the distribution 14 of it still leaves the vested interest of the distill-15 eries to use it, and push the use of liquor. 16 DR. LEHMANN: Would you say it would be a pragmatic compromise you are proposing, 17 leaving marijuana as possibly an exceptional case? 18 THE PUBLIC: Well, in this 19 20 particular incidence it is hard, I would say it was almost impossible, unless one researched our whole 21 society with taking the privilege away of advertising 22 from people who have already vested an interest in it. 23 But people, when you are not advertising it now 24 MR. CAMPBELL: When you talk 25 about controls, you spoke specifically about the 26 control of government manufacture, and distribution. 27 Were you thinking of other controls, or only those? 28 THE PUBLIC: Could you go to 29

the mike? People at the back can't hear you.

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1	MR. CAMPBELL: What I am getting
2	at there are controls on the use of tobacco. And in
3	many areas it is illegal to purchase tobacco if you
4	are under sixteen. There are controls on alcohol.
5	You can't purchase it under twenty-one, or twenty.
6	Are you proposing the same type
7	of control with respect to cannabis?
8	THE PUBLIC: I hadn't considered
9	the question.
10	I don't agree with the present
11	controls on alcohol or tobacco, whether they be
12	appropriate, and whether they be appropriate for
13	marijuana I have no idea.
14	THE CHAIRMAN: In other words,
15	you don't think of an age limit?
16	THE PUBLIC: If I thought of an
17	age limit, I wouldn't think of twenty-one, because I
18	know physical adults long before that.
19	THE CHAIRMAN: Thank you.
20	DR. LEHMANN: Before you leave
21	the microphone, may I ask you one other question?
22	You mentioned at the beginning,
23	the innocuousness of cannabis, with regard to dependent
24	producing properties, and physical damage.
25	Now it may not be physically more
26	damaging than say, the contraceptive pill, or more
27	dependency producing than T.V., but what about the
28	possibility of psychological damage? You didn't
29	seem to consider at least you didn't mention it.

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1 | evidence, but there is some evidence to suggest, or 2 at least proposed evidence, that those who take undue 3 amounts of marijuana, smoke too much, and hence their 4 marks in school, their grades come down, and so on. 5 THE PUBLIC: I have read these 6 reports to suggest the chronic use of hashish results 7 in severe brain damage, or some kind of brain damage. 8 These are all hypothesis, and they all put that word 9 "chronic use" in there. 10 However, this doesn't seem to be 11 our criteria in the legalizing of other commodities 12 such as alcohol, where not even the chronic use, but 13 just the periodic use of alcohol does do great damage. 14 One bottle of beer destroys 15 brain neurons. 16 DR. LEHMANN: I wasn't talking about brain damage, I was talking about psychological 17 damage, of losing motivation. 18 THE PUBLIC: Like chronic drinking? 19 DR. LEHMANN: Like chronic 20 21 drinking. THE PUBLIC: We are actually 22 thinking about putting a beer parlor on this campus, 23 and I can't see how this would be any more damaging, 24 or any less damaging, than the use of marijuana, 25 26 psychologically. I mean like we have all these habit 27 forming things, like whether you watch T.V., write 28

final exams, or have a bottle of beer, and I think the

same thing can be said for marijuana, but it doesn't

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have a psychological dependency.

MR. STEIN: I would be interested

-- needless to say we have heard the alcohol-marijuana

controversy from coast to coast.

whether or not, what your views are on the statement made to us by one alcoholic, in I think it was -it doesn't matter, it was somewhere in Ontario, he said he had been an alcoholic, and he said he for one, was getting very tired of listening to young people talk about the use of marijuana, as some new kind of ritual, which would lead them to a meaningful existence when most of their arguments, as he had heard them, seemed to be to say that marijuana was no more harmful than alcohol, and he just wondered whether there was anything good -- I mean in other words, is there anything good about it?

Now we have heard some things
this morning, and we certainly have heard people speak
about their reasons for use of marijuana, and they
see it in terms of what is meant to them, but I would
be interested in hearing what, if anything, besides
the fact it is no more harmful than alcohol, or other
drugs, what if anything of a positive nature you would
want to suggest is available to someone using marijuana.

Well, I will leave it at that.

THE CHAIRMAN: Yes.

The gentlemen at the microphone.

THE PUBLIC: Well, for one thing

I guess, as far as the positive aspects of it go,

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people seem to enjoy it, and that seems to them to be good enough, and as far as when you were addressing yourself to psychological states, that marijuana can, somehow cause psychological problems, well I see -- I think one of the major psychological problems resulting from people using marijuana, is the paranoia involved with the law.

Now this, to me, -- like that seems to be the major problem with smoking marijuana, psychological problems. If you are interested in alleviating some of the psychological hang-ups people have, then the only positive course people would be to relieve their paranoia by legalizing it, and then you can take it from there.

Because any psychological state that develops in marijuana use now, I see it as sort of a result of the sort of taboo put on it by the people, so I don't think you can talk about psychological states being harmful, until it is above board.

MR. STEIN: Is this one of the attractions of it also?

In other words, it has been suggested to us, it is very clearly a symbol of what is wrong with many of the things in our society, that is the laws on marijuana, and therefore the smoking of it is a visible form of protest, kind of an identification with anyone who may feel similarly about what is wrong with the system, and with our institutions.

In other words, is this -- you mentioned fun as the reason for perhaps using it. What

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would your reaction be with the point that has been made, that it is also -- its use is not solely for this purpose, but it may also be a form of visible affiliation.

THE PUBLIC: Yes, I guess it could be considered like that.

MR. STEIN: I am asking you, or anyone, if this adds up at all, to anything meaningful?

THE PUBLIC: I would like to

reply to Dr. Lehmann a bit. He said that one of the psychological effects it may have, was that people lose their competitive aspects, that, you know, their grades fall because they just don't care anymore about university, and other things.

Earlier this morning, one of the people submitting a brief said something about the society was more fearful of the phenomena that surrounds the drug use, than the drug use itself.

And this is probably one of the big areas of that fear, is that people will lose their competitiveness, and, you know, they won't fit into the society as it is now structured where, you know, you have to obtain high marks and obtain a good degree and fight your way up in an executive structure, and that structure may, you know, eventually fall down because people will refuse to compete within those bounds.

MR. STEIN: Could you go on for a minute, because we have heard quite a lot about new life styles, and very often this comment is made, that



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the present life style that involves competition has a negative influence on people.

And then there is a suggestion
about new life styles. We have met a lot of people
who have talked about it, some of us have used it in
various places where their efforts, I suppose, to develop
other kinds of arrangements, economic and otherwise,
but what do you, for example, have in mind as an
alternative to this competitive system that you describe?

see them developing now, are not really an alternative life style, they are defensive life style, that people in order to survive psychologically, and to live like human beings, are changing the way they live, they are living in communes, they are living with other people and they are using marijuana to -- some people I know, some high school students, when they come home they either crash out for four hours to sleep off the effects of high school until they smoke dope, because that's what it does to them.

And you know, I think the entire structure of the society in Canada, and North America, has to be changed before these things stop happening, that people right across the continent have to start living like people, instead of like, you know, they are robots and automatons / have the competition in their head, and the dollar symbol.

THE PUBLIC: I would just like to say something for a moment. I don't want to get into ideologies, and things like this, or moral prob-

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lems. I think all these questions have to be answered probably eventually, but being a bit of a pragmatist

I think we ought to look at things more importantly right now, like the number of young people who are going to jail for the use of marijuana.

This is a serious drain on the people available to society to administer to society.

There are a lot of really good heads in jail.

The other more serious problem as I see it, is the dope that people are getting in a chemical sense. I am saying that the stuff they are getting instead of LSD, or instead of mescaline, or instead of whatever it is they want to buy, they get a lot of methadrines, they get a lot of speeds, they get a lot of strychnine that just lately has been coming out in acid.

Now these things have to be stopped, whether we answer the moral question, or whether we answer the question of whether everybody will eventually turn on, or change life styles, or anything else, we have to stop the people going to jail, and we have to stop their heads being screwed up by this stuff -- foreign chemicals being put into drugs.

Now the only way that I can see it can be done, is government control of production and distribution, and the only way that is going to come out is the legalization of some of the drugs at any rate.

MR. CAMPBELL: There is a matter

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I would like to raise with you.

When you talk about the unfortunate effects of the imprisonment on young people, is your concern exclusively with those who go to jail for drug offenses, or is your concern a broader one with the question of imprisonment of young people, or of people?

I have met some fourteen year old kids in penitentiary; I have met fifteen year olds, and sixteen year olds in penitentiaries who in my judgment were not there for any particularly serious thing. They may have originally stolen some candy, and then gone to a reform school and run away from reform school twice, and ended up doing time in a federal penitentiary.

Now they were fourteen and fifteen or sixteen. Is your concern there as well, or exclusively concerned with the drug offender?

THE PUBLIC: My concern is with anyone who has to be locked up in a cage for society's sake, to protect us from them.

The word is that these processes are supposed to be rehabilitative, but I don't think any jail in Canada can say that it has a good rehabilitative percentage.

My sympathies lie with those

people who go to jail. But one area that we could

correct now, this is a huge problem, and it will take

probably many years of work to clean the Act up, but

one area where we can start is with drug offenders,

because within the last few years there have been a

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1 great number of young people go to jail for minor 2 misdemeanor drug offences. 3 MR. CAMPBELL: I would like to 4 raise another question about what you meant by the 5 drug offender. 6 Are you speaking in the area of 7 a person found in possession of cannabis, or are you 8 thinking more broadly of cannabis, acid, speed, the 9 opiates? 10 THE PUBLIC: I was thinking mostly 11 of smoking dope, being in possession of a few seeds, 12 or perhaps half a "J" of marijuana. Or if they can't 13 find anything it has been said that they will just 14 plant it anyway. 15 If they know you use it, they will find some if they need to find some. 16 17 MR. CAMPBELL: What is your reason for making this distinction, though, between 18 19 cannabis and the other drugs? 20 THE PUBLIC: Because when the word, the phrase "other drugs" as I said, it can have 21 all sorts of connotations. People can conjure up 22 visions of heroin, or people can conjure up visions 23 24 of ---MR. STEIN: I think this is the 25 26 question in my mind, if I can carry on. What I wanted to ask you is, do 27 you think users of heroin should go to jail? Users 28 29 of heroin.

THE PUBLIC: No. I think the

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1 | government should provide for them in some other 2 manner, because a heroin user cannot be cured as such. 3 Obviously. They only have about a two per cent comeback. 4 The heroin addict can have it 5 taken out of his blood, but they can't take it out of 6 your head, is what the saying is. And most of these 7 people, as soon as they get out of the hospital where 8 they took the cure, and get out of the hospital, they 9 are stoned before they get home on the train. 10 It is addiction, largely physio-11 logical, and it can never be corrected except at the 12 source. 13 Heroin, I think everyone will 14 agree, needs to be controlled a lot more than it is. 15 But the Mafia owns the government, I guess, in the 16 States. 17 MR. CAMPBELL: Again, this is a very important question that you raise. You say that 18 19 heroin needs to be controlled much more than it is. What is it about heroin that 20 21 requires that control? THE PUBLIC: I don't know. 22 23 have never done any heroin. MR. CAMPBELL: You make the 24 statement as a society we should have this other level 25 26 of concentration, and concern, and control, and what I would like to find out is what is the criterion you 27 28 are using here? 29 DR. LEHMANN: If I may just

disperse one thing: We have been often told you

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1 haven't taken, or not frequently enough, any marijuana, 2 therefore what do you know about it. Meaning the 3 Commission. 4 Now you said you haven't done 5 any heroin, so you don't know anything about it. But 6 you do have very definite opinions. 7 Some heroin user could say, "If 8 you haven't taken heroin, how can you have opinions 9 on it?" 10 THE PUBLIC: Well, O.K., I won't 11 have an opinion on heroin then. 12 MR. CAMPBELL: I really rather 13 wish you would. 14 THE PUBLIC: Well, along the lines this last guy took, I think the problem is, and 15 16 I would sort of like to compare it to an analogy. This analogy is, you can kill a revolutionary, but you 17 18 can't kill a revolution. You can jail a head, but you 19 can't dry up the supply, and I think for all of you, 20 I dare you to challenge that statement. 21 THE CHAIRMAN: Have you got 22 another point? THE PUBLIC: No, but I would 23 just like to say that it has reached a point now, 24 where you can't do anything. The situation -- it is 25 not going to disappear, we have got it and we have 26 got to do something about it, and the best way is, 27 since we can't stop making it illegal, it has been 28

proven impossible, and obviously the easiest way is

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to legalize it.

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MR. STEIN: What would your

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2 view on heroin be? 3 THE PUBLIC: My view on heroin? 4 MR. STEIN: Yes. 5 THE PUBLIC: In the treatment of addicts, or the people who sell it? 6 7 MR. STEIN: Whatever. Whatever you want to speak to. 8 THE PUBLIC: Well, I have got 9 some experience. My mother was a psychiatric nurse 10 at one time, and she worked with heroin addicts, and, 11 12 well, these people definitely need help and they found that if they locked them in jail they would commit 13 suicide most of the time, or at least try, so there-14 fore jail was far from the answer for these people, 15 and on the other hand these people who are pushing it 16 are basically criminal, this is one of the arguments 17 I have against these people, say, well, that marijuana 18 leads to heroin. 19 Well the fact is, that as long 20 as they are illegal the guy that gets jailed for 21 marijuana is going to get in with these elements, and 22 he is going to find he can make a lot more money 23 selling heroin than he can marijuana. And since he 24 is going to get busted anyway, that this guy is going 25 to go and make some dirty money like everyone else 26 27 in this society. THE PUBLIC: I would just like 28 to follow up that point on heroin, and marijuana too, 29 30 and the differences.

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I think this is the crux of the whole argument. People recognize that there are some drugs that are harmful, that are psychologically and physically addictive, and the results of this might not always be the best.

Some evidence to this effect, it is available in heroin where it is not in marijuana, and yet by making marijuana illegal there is absolutely no control on the distribution of it, and there is no control on the distribution of heroin. And very recently in the New York Times there was an article that pointed out the fact that with a large demand of marijuana, and the pressure that the police are putting on regarding the distribution of marijuana, that it was actually cheaper to use heroin.

So if you wanted to get high, you used heroin, and people say that marijuana users go on to heroin, and if the market situation is such, and the economic situation is such that a person can no longer afford marijuana, that can afford heroin, possibly this is true. Possibly it does in that effect lead to heroin, and this is something we want to control, this is something we want to avoid, and the obvious thing then is to legalize marijuana.

THE PUBLIC: No smoking in here please. There is a sign behind you, Mr. Campbell, that says "No Smoking".

MR. CAMPBELL: As Dr. Lehmann can attest my withdrawal symptoms ---

I will switch to snuff.

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1 THE PUBLIC: We won't send you 2 to jail, one way or the other. 3 MR. STEIN: What happens here --4 I am sorry, was there someone there? 5 THE CHAIRMAN: There is someone 6 at the microphone. 7 THE PUBLIC: It has been suggested 8 to us by some people that a pusher is more or less a 9 public servant, and I happened to think about that 10 for a while, because I happen to know some people that are involved in this sort of thing. There has been a 11 12 lot of busts, as they call them, in this city. 13 So one of these public servants 14 that I know very well, was a pretty good guy until he 15 got busted, but then he needed the money to break his sentence, so he decided, "Well, how am I going to make 16 17 this money?", and he decided to take it out on his friends. And I just say this competitive system that 18 19 we are put into, is all part of it. It is the whole cultured thing, before talking about life styles, 20 changing the competition things. 21 It is with the community so much, 22 and I don't think anyone wants that. 23 24 MR. STEIN: Taking that illustration, is it your view that an individual is responsible for 25 what he does, or he is the victim of pressures that he 26 27 can't overcome? 28 And I realize it is not either/or 29 but, are you suggesting that the persons decision to

do something, in this case, your friends decision to

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pay money in this way was not a free choice, that he in fact was pressured in some irrevocable way, that he couldn't control?

THE PUBLIC: No, I would say he was probably human, you know, and that is the fault of a lot of us.

It is just a bad situation all around. It is unfortunate that he is in this position; it is unfortunate that many people like him are in that position, and it is also very likely that such things happened because of it. That is just an example of some of the competition in society that we were talking about.

DR. LEHMANN: May I change the subject, and ask another question which has preoccupied the Commission a great deal?

We often are faced with the problem and have opinions on it. Take the speed user who
has been taking it for a considerable time, who has
lost ten or fifteen pounds, who is an pretty awful
physical state, uses poor judgment in driving a car
or motorcycle, and becomes somewhat of a public
danger, but doesn't want any treatment, and says, "Just
leave me alone, I am doing fine, thank you."

Now, how do you feel about compulsory treatment? Should there be such a thing, and if, under what conditions, and who should decide on it?

THE PUBLIC: Compulsory treatment to stop him from driving his car, or stop him from

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using speed?

DR. LEHMANN: From using speed.

Because as long as he is using speed his judgment predictably would be so poor, that you would have to have someone with him at all times to stop him from driving the car.

THE PUBLIC: That is not the idea. We think of a person who drinks when he drives, he shouldn't be driving his car when he is drinking, but don't stop him from drinking.

DR. LEHMANN: There are people where alcohol has become such a problem that because of their physical impairment, and the impairment of judgment which is continuous, they will be committed for psychiatric treatment, whether they like it or not, because one knows that they are a public danger.

Do you agree with this kind of

procedure?

THE PUBLIC: We don't have an

answer ---

MR. STEIN: You had better talk at the microphone.

THE PUBLIC: People have to be protected in some manner, and I would say this is a question of our society, and people asking about society all the time, and I will come back to that in a minute.

This is a problem, and I think it is a separate problem. With the system we have now, people do things that are dangerous, or harmful

to other people, and we don't have all the answers

what to do about these, and this might involve using

temporary measures such as jails and stuff like that.

But I don't think it is related to the narcotic usage, particularly the problem of marijuana usage, that we automatically say that because a person is using it he should be committed somewhere, he should be locked up, put in jail, or a psychiatric institution, he should be rehabilitated. Because by saying this, we are making the assumption that he needs rehabilitation and not for hurting people, but for doing something to himself.

And yet the whole basis of our society is built on, is we should have some freedom.

DR. LEHMANN: Would you accept

the reasoning that is sometimes often given, that
the use of certain drugs will almost invariably
force the individual into anti-social acts?

THE PUBLIC: Once again, we are getting back to social problems, and I will say what I was going to about this, because it does worry me a little bit.

The questions people are asking about the changing society, the changing life style and the likes of this, it sort of makes you wonder whether you are trying to distinguish the people who believe that marijuana should be legalized, but our society is O.K., and those who believe marijuana should be legalized.

But our society is not O.K. Are

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1 we going to give to this some kind of criteria by 2 which you evaluate what you say? 3 THE CHAIRMAN: We are not only 4 required to consider marijuana, or the legalization, 5 we are required to consider the whole phenomena of 6 the non-medical use of psychotropic drugs, and sub-7 stances, you see. 8 So we are trying to understand 9 this phenomenon in all its scope, not only as a short-10 term thing, but as a long-term thing. 11 We are trying to look down the 12 road, and we are trying to decide what kind of a social 13 response is called for here, if any, and that isn't 14 only a question of law. 15 So we are really trying to, you 16 know, we have to consider the different drug -- we 17 have to find out what principles you believe should be applied, and that's why we ask you for this distinction. 18 19 THE PUBLIC: I would like to 20 make a comment about that. 21 THE CHAIRMAN: Yes. Would you 22 like to come down to the mike? THE PUBLIC: Not really, but I 23 24 quess I will. 25 Well, in terms of what you said about it creating compulsory conditions, in dealing 26 27 with speed users, I have just been thinking about that, 28 and it seems to me the only thing that makes sense to me about my understanding of the way this structure 29

operates is, the only thing it becomes compulsory for



me to take the social responsibility to destroy, or overflow, the structure that is creating the kind of psychological makeup of individuals that will force them into situations of becoming self-destructive, and that is the only way of dealing with that kind of usage of drugs, that there are some drugs like speed and other --well, very hard-line drugs that are very destructive, and you have to look at, I think, the reasons for why people choose self-destructive means; right?

And everything in our society
the way it is built right now, I think, you know,
creates a mass psychology in all of us that makes
us choose to be self-destructive, and in order to
take away that hurdle, to eliminate that kind of
phenomenon, you have to hit at the very social structure
that is creating that mass psychology in the first
place.

It is sort of like an extension of what Barry was saying, in that you said there was some users of marijuana, you said you find that their school marks dropped, right? O.K., I think there could be one thing -- that says something to me in that people using drugs can sometimes come to the conclusion that their existence in their schools, or in their assembly lines, or in their daily activities, is very meaningless; right?

And it is very threatening to the power structure for the masses of people in the society to recognize that their positions in the

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society are extremely useless and meaningless, that they are very alienated human beings.

Because that means that those people are going to want to do something to change that, and that is going to threaten the people who are in the power structure, because they have a vested interest in keeping the structure the way it is, because they profit from it.

But we suffer from it. And I see that the only way of overcoming ---

THE CHAIRMAN: This is obviously important. Can you tell us what you mean by the nature of the suffering, what is the nature of the burden imposed by the society? What are the problems created?

Could you give us more on that?

is, the system that we are forced to live under at this point is not, in terms of meeting the needs of people, it is in terms of profit, and it is in terms of corporations and government officials and every bureaucratic organization that exists in North America manipulating individuals to overwhelming expense, so that they don't even know themselves, and care about themselves anymore. And that I guess, sort of what I am trying to say is, that I think there are a lot of us, a lot of people who, because of the mass psychology in this structure, who because we are so alienated, because we have been created to be that way and divided from one another, that even — that

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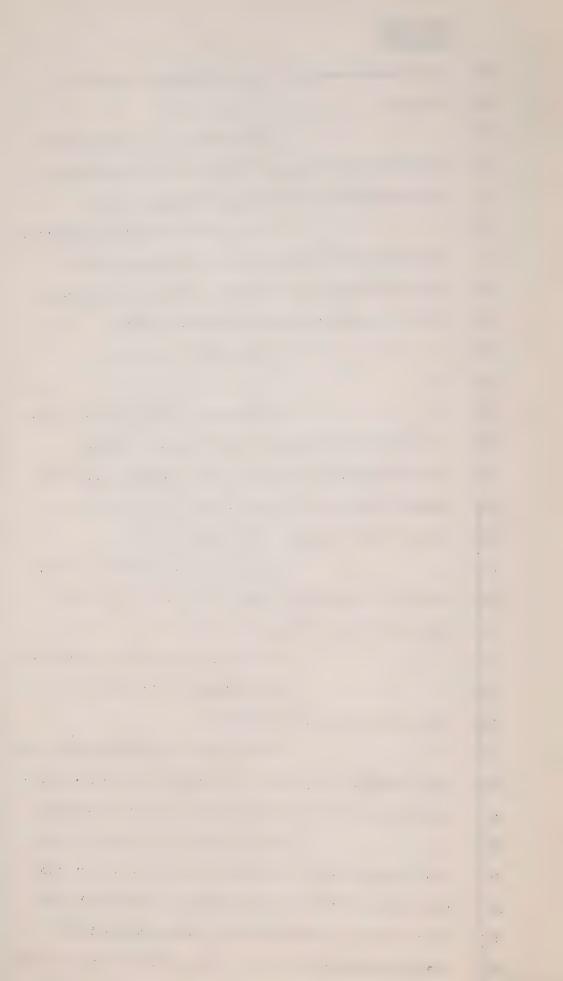
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1 using drugs becomes a self-destructive kind of 2 process. 3 Not because it is inherent in 4 the particular drug, but because it is inherent in 5 the mass structure of the psychology itself. 6 And if we are going to eliminate 7 the destructive manifestation of drugs, we don't eliminate drugs, we eliminate that social structure 8 that is creating those bad manifestations. 9 THE PUBLIC: That is 10 it. 11 THE PUBLIC: The society is sort 12 of survival-oriented, and like we have had the 13 14 survival problems licked a long time ago, but there doesn't seem to be anything else for us to do, so 15 we are sort of working it to death. 16 And if you try and get out of, 17 you know, producing things for survival, they are 18 19 going to starve you out. And when you start doing dope ---20 MR. CAMPBELL: Is there a 21 22 survival problem with liquor? THE PUBLIC: I was thinking, like 23 the society, like you are for production and where you 24 are bent on making more and more, creating markets. 25 But we really don't have to do 26 that because there is enough around, and if you stop 27 doing that, like you smoke dope and go out and play 28 your guitar or something, like something that is 29

really meaningful to you. I mean, like, they are going





to starve you out for it.

the scientists tell us that we may not have more than ten years to get properly organized to defend ourselves against extinction by pollution.

THE PUBLIC: Thanks for the Capitalists again.

THE CHAIRMAN: I am sorry to say this, we may not even -- you know, I don't want to quibble about details, the timing, respectable scientists suggest that time is running out on us to defend ourselves, so how can you say survival has been left?

THE PUBLIC: I mean survival with respect to accommodation, food and things like that, because everybody is really trying hard to survive and most of it is redundant.

THE CHAIRMAN: But aren't there great problems still of survival, aren't there great changes in society?

THE PUBLIC: Particular kinds of survival.

THE PUBLIC: The same people who pay your salaries, spend millions of dollars a year producing poison gases for germ warfare, in Alberta, and they are spending all the money on this.

THE PUBLIC: You can live within the society, or slightly outside. Like in B.C. people go out to their communes, and have a couple of marijuana the Mounties plants around, and/hire these helicopters for \$500.





and go roaring out into the interior where no one lives, and not bothering anyone, and bust them up and throw them in jail.

They are trying to make a different kind of society. For trying something new they get thrown in jail, just because on the side they happen to smoke some grass.

THE CHAIRMAN: Gentleman at the microphone?

THE PUBLIC: I would like to try and clarify this issue of survival, according to the way I see it.

I think what was trying to be said was sort of a matter of, in our primitive existence a lot of times maybe just trying to survive and get enough food and shelter is a major hassle, this is what you have to spend all of your time on, and maybe you don't have enough leisure to really enjoy yourself sometimes.

I don't right now, I have never lived that way, but this is if you want to go on to five acres of land and cut yourself off completely,

I am sure you would have a very grubbing kind of existence maybe.

O.K., so I can see the point in technology to a certain extent, it makes things more efficient, you can produce what you need hopefully without having to go through all of this grubbing process, and you can get into a lot of other things, cultural things, you know, culture can't really develop



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if you have to spend all your time, you know, grubbing in the dirt.

But what is happening here is
that I think what this gentleman is saying is, it has
gotten past this point where the production technology
is away more than adequate to produce what we need
with not everybody having to put in forty-eight hours
a week, in order to achieve this; a lot less than that
I think.

But the thing is, that that is not really seen as a goal. I mean this is obvious to me, it should be the goal to produce what people need, and, you know, maybe call it quits and go into something that, you know, maybe you enjoy.

But the goal has become sort of the profit thing, and the people that are producing, presumably for our needs, aren't producing for our needs, they are producing to make a profit, and they keep producing, and they keep producing and it is a way more than they need, but it is not what we need, and it is this sort of procedure, always trying to make the buck and expand everything that I think relates to the question of pollution. And it has gotten to the point where we are so good at surviving from the point of material production, that we are going away overboard and it is actually affecting our survival in another way, because it has gone so far, so far past our actual needs, and so far alienated from our actual needs that the production is sort of just going on for its own sake, and without

1 | any, you know, sort of feedback as to its actual 2 usefulness. 3 That is all I have to say: 4 5 THE PUBLIC: Yes. I would just 6 like to respond to Mr. Lehmann's earlier suggestion 7 of the relationship between smoking marijuana and 8 grades. 9 I quote from Dr. Joel Fort. 10 11 12 Article by Dr. Joel Fort) (Reference: 13 14 15 Do you understand? 16 17 THE CHAIRMAN: If we don't, 18 19 we are in trouble. THE PUBLIC: I would like to 20 make a few comments, and the one is, there seems to 21 be a very frightening statement that you made, that 22 within ten years scientists have told us that we 23 may be destroyed because of pollution. 24 25 THE CHAIRMAN: No, no, excuse 26 me. I shouldn't be making statements that are second-27 hand, but the statement that was made by me was this: 28 Some have said that if we have not controlled our-29

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selves better than we have now, within the next ten years we will be unable to cope with it, not that it will all come to an end in ten years.

THE PUBLIC: O.K. But the point
I was trying to make, you can make a statement like
that, or someone has made a statement like this, and
it should be very frightening to the people in this
room.

It is a type of thing that you get very upset about, if we don't do something we have only got ten years, and there probably won't be a very good ten years.

And yet most of the people in this room, in fact, I suspect all of them, will, you know, after this little talk will go on about their ways, and forget about it.

And why do they forget about it?

Because you are taught to forget about these things,

you are taught not to worry about them. It is sort

of like the thing when you are in public school, or

for me at least I thought, "Boy, it is shitty now,

but when I get into high school then that's it."

I got into high school, and nothing really happened. And it still wasn't good.

And I figured "That's it, university." There is where the big things are happening.

I got into university, and things really aren't any better here, and I can tell, you know, the people in this room, I think realize, or a lot of them do, when you get out of university

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1 nothing is going to happen either, and you are 2 always looking ahead, you are always ---3 MR. STEIN: I really would like 4 to make an observation on this. 5 If I could digress very briefly; 6 for two years I worked for the Company of Young 7 Canadians in this country, and I think one of the 8 reasons that might be an explanation for why people 9 in this room may forget about that problem, is that 10 it is very difficult to take responsibility individu-11 ally, and go out and do something yourself about a 12 social problem. 13 It is much easier to make obser-14 vations about what may, or may not be wrong with a 15 particular system. 16 THE PUBLIC: Yes. If someone were to 17 in this room/go and put up a poster and call a meeting 18 and we are going to get out and organize and do some-19 thing about it, you wouldn't get very many people 20 there. 21 Why? Why don't people care? 22 And the problem is, it is not inane ---23 24 25 it too briefly. 26 27 28

MR. STEIN: I probably didn't -- I was trying to make a point, and I may have made You are suggesting it is the result of schools, and systems, families and so forth that contribute to make people feel, maybe your implication is maybe they feel impotent to deal with problems.

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I am suggesting that we have heard, and I have heard it again now, that I have been with the Commission, that from coast to coast there is tremendous concern expressed by young people about all kinds of social problems that they are aware of, university, education, pollution, you name it.

And then the next thing we hear--I speak for myself now; or that I often hear, that there is nothing they can do about it really because the system is all geared to making it impossible, and well, maybe the other thing is we might overthrow the system, whatever that may be, and then nothing really concrete in terms of specific planning.

And I was suggesting if any of you were interested, what one of the dilemmas with an organization like the Company of Young Canadians had been, or still is, is that many of the young people who came to work for the organization whom one would have thought were serious in their deep concern for their fellow man, didn't have the guts to get up in the morning and do something about it, because they would spend all night sitting in an armchair talking about it.

Perhaps I have gotten out of my role as a Commissioner here.

THE PUBLIC: Yes. And so I would ask you ---

THE CHAIRMAN: We took your testimony down.

THE PUBLIC: And then I ask you

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1 why people aren't action oriented, and I would 2 suggest to you that this is a learning process. 3 That you -- well, you have, as 4 most people live and spend their lives in this system, you are not action oriented. 5 б THE PUBLIC: They put reactionar-7 ies in jail. They shoot Black Panthers. 8 THE PUBLIC: They put reaction-9 aries in Parliament. 10 MR. CAMPBELL: I take it, the learning you are implying is a formal learning. 11 12 I can't help but wonder to what 13 extent, also the enormous feeling of inadequacy. I must say, I may be reading much of my own 14 reaction into it, but if I looked at what the magni-15 tude, the fact of this international component, I 16 must say that I feel totally inadequate to even know 17 where to start to think about how one brings about 18 19 the solution. THE PUBLIC: This is not a 20 mistake." This is a type of a system that you are 21 22 brought into that you are taught to overwhelm by 23 technology. 24 You are taught to forget; you are taught to ignore things because they are too 25 great, the facts of life are too overwhelming, and 26 that is B.S. 27 THE CHAIRMAN: Who teaches you 28 29 that, though?

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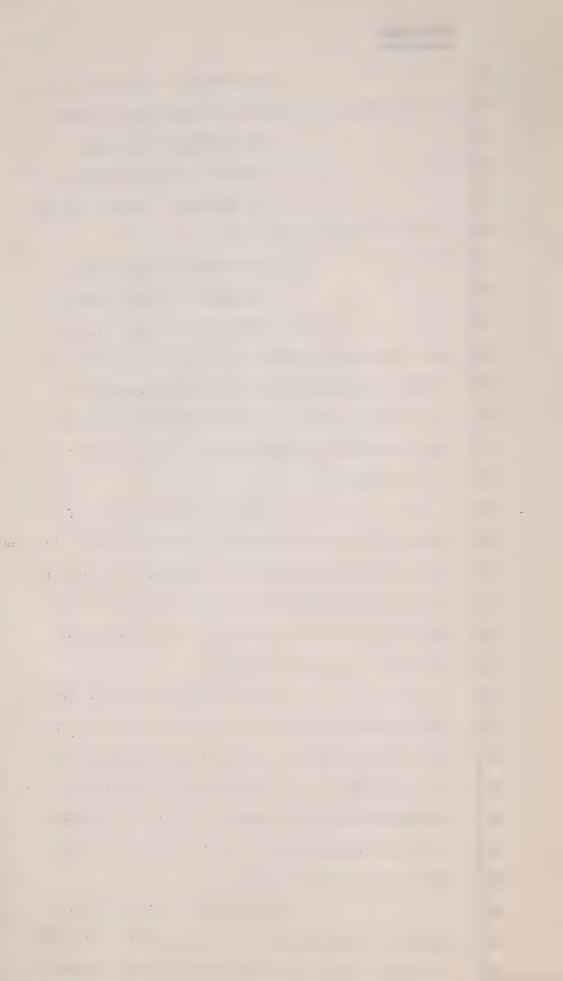
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1 THE PUBLIC: I should say maybe 2 socialized plus taught in a formal way, in school. 3 THE CHAIRMAN: Are you? 4 THE PUBLIC: That's right. 5 THE CHAIRMAN: Taught that you 6 can't do anything about it? 7 THE PUBLIC: That's right. 8 THE PUBLIC: That's right. 9 THE PUBLIC: As soon as you 10 get into public school, as soon as you are set in 11 desks, if the kid wants to do something that is 12 creative, or makes him happy, bang, you know, and 13 you can shake your head and say, "Yeah, yeah, that's 14 an old problem." 15 That's right, it is an old 16 problem, but things don't get changed, and why? Because 17 it is a big problem, or it is made out, or seems to be a big problem that no one can solve, and yet if 18 19 people really did get off their asses, the thing 20 could be solved very easily. But it is always flouted around, 21 "Well, I can't do anything by myself, and even if we 22 try to do something we couldn't get anything done." 23 And this type of ideology is pushed down on us, it is 24 propaganda that is pushed out. It is not a mistake, 25 it is not something that just happens, it is just 26 27 there, and it is put there. THE PUBLIC: I think we are 28 taught to think and not to feel, and what I learned 29

in trying to step out of my background is, you can't





1 feel it, and I have something better for competition, 2 just feeling good, and playing that out. 3 MR. CAMPBELL: Isn't it a case that if we take in some of these problems, feelings 4 5 are totally irrelevant? 6 It doesn't matter how one feels, 7 that will not solve the problem. 8 THE PUBLIC: I think that is ---9 MR. CAMPBELL: That is a cold, rational thing, that I suppose to be, and will be 10 11 the exercise of power. 12 THE PUBLIC: You can only secure things that you feel, and the pollution thing is only 13 14 going to be solved when people get scared enough to 15 do something about it. 16 MR. CAMPBELL: I agree with you 17 in that sense, the people must feel a terror and an enormous anxiety. The only point I am trying to make 18 is the solution I suspect will have to be very coldly 19 rational, carefully planned movement against the 20 21 pollution. THE PUBLIC: But that pollution 22 can't even be considered before people realize ---23 THE CHAIRMAN: The concern ---24 THE PUBLIC: Feeling isn't an 25 26 irrational thing. MR. CAMPBELL: Not necessarily. 27 28 It can be. THE PUBLIC: There are a couple 29

of comments I would like to make: I don't really



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1 know what is going on in society, but I know this 2 much, that we are developing a technological ego. 3 Everyone is sitting there working towards productivity. 4 You are sitting there talking about understanding. 5 Scientists say we can't change 6 the system unless we have understanding. Well you 7 come here and you ask us, what are the positive 8 things about marijuana, you know, what can we do, 9 what can the system use in marijuana, what can it do 10 to present an opiate to people? 11 Here's one thing it can do: When 12 a person takes grass he feels really good, and that 13 is lessening the anxiety within society. There is 14 your positive thing about marijuana. 15 But I would also say that if 16 you make it legalized, you are putting down people, 17 you are co-opting them, you are saying, "Here, you 18 can use this kind of thing, you can use marijuana, 19 but don't cause revolutions." 20 And you want to talk about 21 feeling. I mean, my god, how can you sit there and 22 say you are going to find a solution without feeling. 23 MR. STEIN: What is your 24 recommendation then? 25 THE PUBLIC: That is sitting there, and like saying "Let's deal with humans without 26 knowing what they want to do." 27

I am in the educational system, and if you want to talk about technological ego, the whole thing is based

And I want to say another thing,

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1	on the fact that you learn in school so you can sit
2	there and you can draw together information and put
3	your whole personality into the marketing society,
4	and say, "How much money are you going to give me, sir?"
5	MR. CAMPBELL: You are obviously
6	quite right, but I don't think you can say totally.
7	For many people, I agree with
8	you, the technological ego.
9	THE PUBLIC: That is the whole
10	problem. For some people I can say this, but for
11	other people I can't say this, and the "other people"
12	are in power.
13	MR. STEIN: I just wanted to
14	know if you were ever involved in attempting to elect
15	other people, presumably those you were in accord
16	with, to the present elected positions that are
17	available, or do you see that as your role?
18	THE PUBLIC: Let's not be
19	naive.
20	MR. STEIN: What is the alternative
21	What is the real alternative; not the theoretical,
22	verbal, four-in-the-morning, sitting and talking about
23	the system is bad. What is the real alternative?
24	THE PUBLIC: Armed struggle.
25	THE PUBLIC: That's right.
26	MR. STEIN: Is that what you
27	are involved in? Is that what you are involved in?
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1 THE PUBLIC: Not yet. 2 MR. STEIN: Just to be clear on 3 that, what I hear you saying is, "I am not going to 4 do anything, so that the situation can build to a 5 point where the only solution would be armed struggle." 6 THE PUBLIC: I mean, you want 7 to reform things so that they can keep dragging on 8 so that we can keep existing. 9 MR. STEIN: Of course that comes 10 to the crux of it, doesn't it? 11 Some people would say every 12 radical movement is merely the re-creation of the 13 very same political system, only in a new form. 14 THE PUBLIC: Yes, and those 15 people are in power. 16 MR. STEIN: And other people 17 would say reform is the only radical movement possible. 18 THE PUBLIC: And those people 19 are in power. 20 THE PUBLIC: I think the questions 21 the Commissioners are asking is, "What happens after 22 the armed struggle, what kind of system do you want 23 to see after the armed struggle?" 24 What are you going to replace 25 the structure with? 26 THE PUBLIC: That kind of thing 27 grows out of the struggle, you know, that is one 28 question that really burns my ass, that you have to 29 have, you know, the blueprint laid out and show it

to people, and sell it to people, and then give them



the guns and then they will go out and do it.

Those things don't happen. The

system that comes out of that comes out of the people that are involved in that struggle, and that's the way the things happen.

It doesn't happen, you know, like industries program the revolution in Greece, and they set it up in a computer form, and they found out which people to arrest, and which buildings to occupy and what to do, and that's what happened in the last revolution in Greece.

That isn't what a people's armed struggle is about. It is about a real revolution and about people building a society as they go along.

THE PUBLIC: I think we have this paradoxical problem that we are going to destroy our environment by pollution, or starve ourselves out, but we are also in a state in North America where we could release half our labour force.

Scientists also predict this.

Now my experience with marijuana, it has always improved my sensification and communication, and I think to get out of this problem we have to change, and I think this is what more or less people are saying, we have to change our position of competition to one of co-operation, and I think the value of marijuana is that it is going to help people adjust to this change, both from the competition and the co-operation, and I think the best way is to legalize marijuana, and we might possibly avoid more dynamic

and more extreme solutions.

are saying --

MR. STEIN: So what is the relationship of co-operation and armed struggle?

THE PUBLIC: The revolution.

It is an alternative.

MR. STEIN: You are suggesting it is an alternative, but the others in the room are saying that is no alternative at all, we just will bide our time until just such time, and if everyone agrees with this, then it is an armed struggle for anyone.

THE PUBLIC: I think what people

MR. STEIN: Some have said it.

THE PUBLIC: It doesn't matter,

no matter what happens, when two people attempt to co-operate there are always things that are interfering with them.

For instance if I want to make friends with someone on a very mundane level there are things that this person, in his personality, that I have to get used to.

What happens if I try and get as many people in this society to co-operate, and to become as integrated as possible towards one goal which is meaningful? There are people who are sitting back that have the manipulation that can destroy that, so co-operation -- and are obviously not opposite and obviously not complimentary, and so there are people that have to, it is their purpose to destroy





co-operation, it is their purpose to make sure people don't orient themselves toward a meaningful goal.

Those people need the devices of

society and they need the inaction, and they need the apathy of people in order to govern them, and in order to make profits.

They need people not to know about pollution, or not to be concerned about it, or not to act on pollution, because that means they are going to have to make better cars, make better factories, that means they are going to have to start putting mufflers on their cars, that means they are going to have to start fixing up the school system.

THE PUBLIC: Once more, they are going to charge us.

THE PUBLIC: Oh yes, sure, if we try to reform and they don't even listen to us. We have had a black and white issue on marijuana for six years now, it has been a problem. Black and white. There is no problem, but what is going to happen is we are going to get a lot of hunkie statements from Trudeau, saying, "Well, we can't legalize it, but we may cut down the penalties."

MR. STEIN: You don't want it legalized at the same time.

THE PUBLIC: Wait a minute. You are trying to say I am equating a social revolt.

MR. STEIN: You are saying on the one hand if it is legalized, and your friend at the back said people will be co-opted and they will

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1	be all well to use the drug, and they won't go on
2	to the real armed revolt.
3	On the other hand you are saying
4	that you guys, if you don't legalize it, then there
5	is going to be an armed revolt, you are saying this.
6	THE PUBLIC: There is going to
7	be one anyway.
8	THE PUBLIC: What I am telling
9	you is
10	THE PUBLIC: Anyway you are
11	going to get it.
12	THE CHAIRMAN: On that friendly
13	and co-operative note, we will adjourn.
14	
15	Upon adjourning at 2:20 P.M.
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COMMISSION OF INQUIRY
INTO THE
NON-MEDICAL USE OF DRUGS

COMMISSION D'ENQUETE SUR L'USAGE DES DROGUES A DES FINS NON MEDICALES

> April 9, 1970 Hotel Saskatchewan REGINA, Saskatchewan



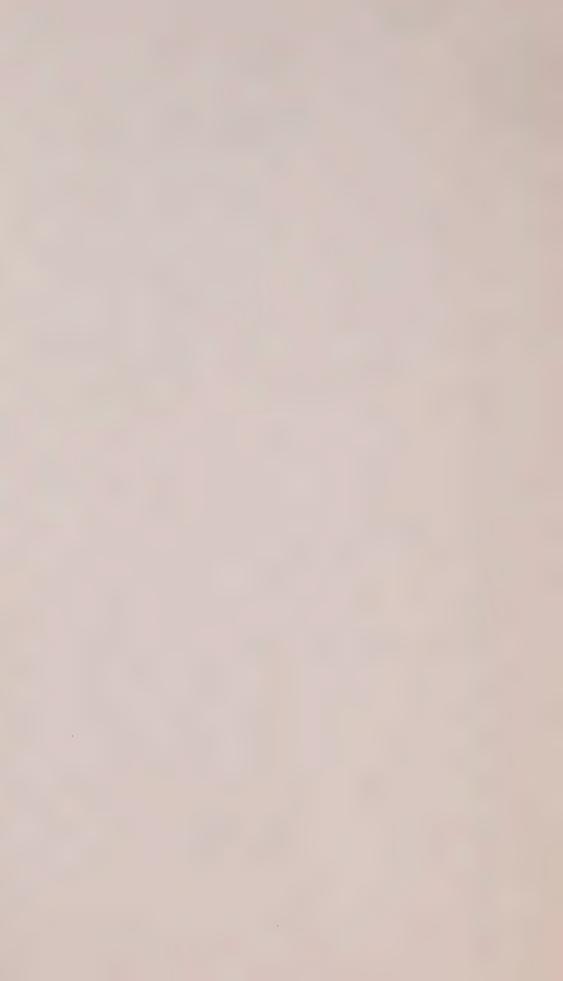
B.PROUSE REPORTING SERVICES

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COMMISSION OF INQUIRY 1 INTO THE NON-MECICAL USE OF DRUGS 2 COMMISSION D'ENQUETE 3 SUR L'USAGE DES DROGUES A DES FINS NON MEDICALES 4 5 6 BEFORE: 7 Gerald LeDain, Chairman, 8 Ian Campbell, Member, 9 H. E. Lehmann, M.D., Member, 10 James J. Moore, Executive Secretary, 11 J. Peter Stein, Member. 12 13 14 15 16 RESEARCH: 17 Dr. Charles Farmilo. 18 19 20 SECRETARY TO THE CHAIRMAN: 21 Vivian Luscombe. 22 23 24 25 April 9, 1970 26 Hotel Saskatchewan REGINA, Saskatchewan 27 28





--- Upon commencing at 10:00 a.m.

gentlemen I call this hearing of the Commission of
Inquiry into the Non-Medical Use of Drugs to order.

I would like first to introduce to you the members of
the Commission and the staff who are present here
today. On my far right, Dean Ian Campbell of Montreal,
on my immediate right, Dr. Heinz Lehmann of Montreal.

I am Gerald Le Dain and on my left, James J. Moore,
Executive Secretary of the Commission and on Mr.
Moore's left, J. Peter Stein of Vancouver. We regret
that the other member of the Commission, Professor
Marie Andree Bertrand is unable to be with us during
these hearings.

I should like now to read a statement to indicate the background of the Commis-sion's appointment and its terms of reference and give some ideas of the way in which it interprets its task.

The Commission of Inquiry Into the Non-Medical Use of Drugs was appointed by the federal government on May 29th last year, upon the recommendation of the Hon. John Munro, Minister of National Health and Welfare.

The Commission has an independent status under Part 1 of the Inquiries Act.

The concern which gave rise to the appointment of the Commission is described in Order in Council which authorized the appointment in the following words:

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There is growing concern in Canada about the non-medical use of certain drugs and substances, particularly those having sedative, stimulant, tranquilizing or hallucinogenic properties, and the effect of such use on the individual and the social implications thereof; ...within recent years, there has developed also the practice of inhaling of the fumes of certain solvents having an hallucinogenic effect, and resulting in serious physical damage and a number of deaths, such solvents being found in certain household substances. Despite warnings and considerable publicity, this practice has developed among young people and can be said to be related to the use of drugs for other than medical purposes; certain of these drugs and substances, including lysergic acid diethylamide, LSD, methamphetamines, commonly referred to as "Speed", and certain others, have been made the subject of controlling or prohibiting legislation under the Food and Drugs Act, and cannabis, marijuana, has been a substance, the possession of or trafficking in which has been prohibited under the Narcotic Control Act. Nothwithstanding these measures and the competent enforcement thereof by the R.C.M. Police and other enforcement bodies, the incidents of possession and use of these substances for non-medical purposes, has increased and the need for an investigation as to the cause of such increasing use has become imperative." In announcing the Commission's

appointment, the Minister of National Health and





Welfare spoke of the grave concern felt by the government at the expanding proportions of the use of drugs and related substances for non-medical purposes.

The terms of reference defining the Commission's inquiry into the non-medical use of psychotropic drugs and substances mention sedatives, stimulants, tranquilizers and hallucinogens.

understands "drug" to mean any substance which chemically alters structure or function in the living organism, and 'psychotropic" drugs as those which alter sensation, feeling, consciousness and psychological or behavioural functions. The Commission has tentatively defined "medical use" in terms of generally accepted medical practice --under medical supervision or not. All other use is "non-medical use".

By itself, a prescription does not distinguish medical from non-medical use. A non-prescription drug like aspirin may be taken for medical use. Or a prescription drug may be taken for generally accepted medical reasons, then no longer required.

The Commission is invited by its terms of reference to "marshal...the present fund of knowledge concerning the non-medical use of sedative, stimulant, tranquilizing, hallucinogenic and other psychotropic drugs or substances."

But since an interim report

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is expected within six months and a final report within two years, the Commission will have to be selective.

It must consider what appears to be the principal issues which led to its appointment.

The Commission has the initial impression that its primary focus must be on the non-medical use of drugs by the young and by adults as it relates to or affects the use of drugs by youth.

The Commission has drawn up a preliminary classification of psychoactive drugs, which falls into the following eight categories: hypnotics-sedatives; stimulants; psychedelic-hallucinogenics; opiates-narcotics; volatile solvents and gases; analgesics (non-narcotic painkillers); clinical anti-depressants; and major tranquilizers.

The Commission sees its primary emphasis on the following categories:

1. The psychedelic-hallucinogenic, which includes cannabis (marijuana and
hashish), LSD and mescaline and the other "restricted
drugs" placed under the new schedule J of the Food
and Drugs Act: DMT, STP (DOM), and DET. Secondly,
the stimulants, including such amphetamines as
benzadrine and methadrine-- generally referred to as
"speed";

Thirdly, the volatile solvents and gases -- often referred to as "delirients", such





as glue, nailpolish remover, and paint thinner;

Fourthly, the sedatives-

hypnotics, such as the barbiturates (used as sleeping pills), the minor tranquillizers, and ethyl alcohol;

Fifthly, the opiate-narcotics,

such as heroin.

clearly mood-modifying drugs used for non-medical reasons and therefore within the terms of reference. However, the Commission could not possibly perform its task if it were required to consider the extensive research carried out on these substances. A realistic view compels the Commission to regard the non-medical use of alcohol and nicotine in their relation to the non-medical use of other psychotropic drugs. This is also the Commission's position, at least initially, on the non-medical use of the opiate-narcotics, such as heroin.

These so-called "hard drugs" are not excluded from the terms of reference, because they do have psychotropic properties. But as with alcohol and nicotine, the Commission cannot hope to do justice to the extensive literature on the subject. The "hard drugs" are therefore to be examined in their possible relationship to the non-medical use of the *soft drugs."

Two contentions brought to the Commission's attention may illustrate what is





meant by "relationship" to the non-medical use of soft drugs.

The first contention is that extensive social use of alcohol not only creates a permissive climate of drug use, but also reflects a provocative injustice and even hypocrisy is our legislative and law enforcement attitudes. The second contention is that the use of certain soft drugs like cannabis (marijuana) leads very often if not generally, to hard drug addiction.

What are the issues in this inquiry? The Commission must investigate the extent of the non-medical use of mood-modifying drugs in Canada. That means the pattern of drug use; the drugs and various groups or populations involved, according to age, occupation, etc; the movement from one drug to another.

The Commission must investigate physical and psychological effects of these drugs, effects on behaviour of the individual concerned, effects on others, and effects on society. Finally, and by no means least important, the Commission must investigate the reasons for the non-medical use of drugs — not only the personal reasons or motivation but the social, educational, economic, philosophic and other reasons. In other words, what is the meaning or larger significance of this phenomenon? What is the true nature of the challenge it presents to our civilization?

We have accepted a very difficult





task and we need your help. It is imperative that we have the views of as many Canadians as possible. This is not solely a technical question for experts; it is a broad social issue, going to the very nature of human existence in our time.

I would like to say just a few words about our method of procedure. We hold public hearings, of course, is only one means of our inquiry and we hold private hearings, and anyone who would like to give testimony to us in private, we welcome them and we reserve some time at the end of our public session for that purpose. We are empowered to take testimony anonymously, withholding identity of the person who would make submission to us. Of ourse, we cannot do that in the public hearings we do not expect people to identify themselves, and we do not seek specific details of their experience but more of general understanding, both lay and expert.

We have formal submissions which are scheduled and at the conclusion of these submissions we offer an opportunity for questions and comments both by the Commissioners and by others who are present. Some have objected to this procedure, but on the whole it has been our experience across Canada that it has been felt to be a good and sound procedure and it has offered the people a chance to express views and to exchange views with people who have special responsibility in the field. And so we continue in this style, and form, in the conviction that it is a necessary and desirable procedure and





particularly in the nature of these issues we have to have a discussion of the decisions which have to be made, their true nature and it is our conviction that at the root of this issue are profound, moral decisions to be made for which we all have to accept responsibility. So we see it as our duty to have as wide and open and free a canvas of the issues as possible. As I say, we welcome participation from all the members here not only in a written formal submission but if there is something that you would like to say, either at the conclusion of this formal submission or at any other time, we will hear from you and have the benefit of your views.

And now, I should like to call
on Dr. Sol Cohen and Mr. Peter Bennett who represent
New Approaches to Drug Abuse and the Alcoholism
Commission. Dr. Cohen and Mr. Bennett if you would
like to be seated at the table over there.

This particular presentation is sponsored by a group of local citizens under the heading of NADA which is New Approaches to Drug Abuse, and it was created last year in June, as a result of the rising concern on the part of the local citizens about the drug problem in this area. I believe that the brief has been sent into you last fall and that there are copies that every member has. Basically what I will do today then, is simply outline a few of the points that were



1 made at the end and just review our conclusion. 2 Certainly we have got a large people problem as 3 well as a drug problem. We feel that the culture 4 of today emphasizes leisare and encourages most 5 everybody to pop a pill for anything that hurts. 6 When we start looking around, it is not the young 7 people themselves, who are the major source of 8 the non-medical use of the major drugs in our 9 society. The so called establishment people, which 10 we feel are those people born before 1939, are 11 involved in a snowballing drug problem are deeply 12 rooted in the undercurrents in our modern North 13 American life; and I think people are continually 14 switching from drug to drug looking for a magical 15 or chemical solution when they have not the 16 capacity to cope with life. Now, it would appear, 17 that there are double standards when people start 18 looking, at whether you call a drug a drug, or 19 whether you call it a medicine. For example, 20 in our double standards, in our culture, it depends 21 on who is using it. In an adult, for 22 example, they are using the diet pills, the 23 amphetamine products, and this is called medicine; 24 but when the kids are using it, it is called speed. 25 When you are talking about the sleeping pills in our 26 establishment, this is a medicine, When the kids 27 are using it, it is called the "barbs" or "downers". 28 There is a definite relationship according to what 29 group you are in, as to whether you call it a druglor 30 whether you call it a medicine in many cases.

same thing applies.





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in alcohol drug-dependency. A person on skid row is called an alcoholic, but when you come to a person in the higher economic brackets, he is called a problem drinker. When you come to a person on the street who is using the various drugs in a very low economic bracket he is called a junkie, and he may be using the very same drugs that the housewife is using, and she is nowhere near this bracket in the minds of the public.

Now, I feel the establishment is pointing its finger away from itself towards the kids and I think this to me indicates a reluctance to accept the responsibility of what we in the establishment have created among our younger people, as far as the drug culture, or a development of the drug culture. Now, we feel that the general feeling expressed by many people who are attempting to take a look at the problem, has been far too emotional and the community response wherever we have talked to people has been way out of hand. It has been very difficult to develop any adequate or realistic approach because of the emotions involved. We feel after looking it over, in our organization, NADA, that there are two target areas of study, and action. of course, is to attempt to understand the motivational needs of the individuals who are involved in the non-medical use of drugs along with the basic factual understanding of the drugs themselves. there have been gross discrepancies in understanding these basic drugs themselves, not



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only legally, but also from the medical point of view. Now, we feel that there have been various credibility gaps that have developed between our so-called "now" generation and the establishment among our law enforcement people who for years have been following what has been laid down, in the medical and the legal wisdom of people thirty years ago, placing a drug such as marijuana in the narcotic group.

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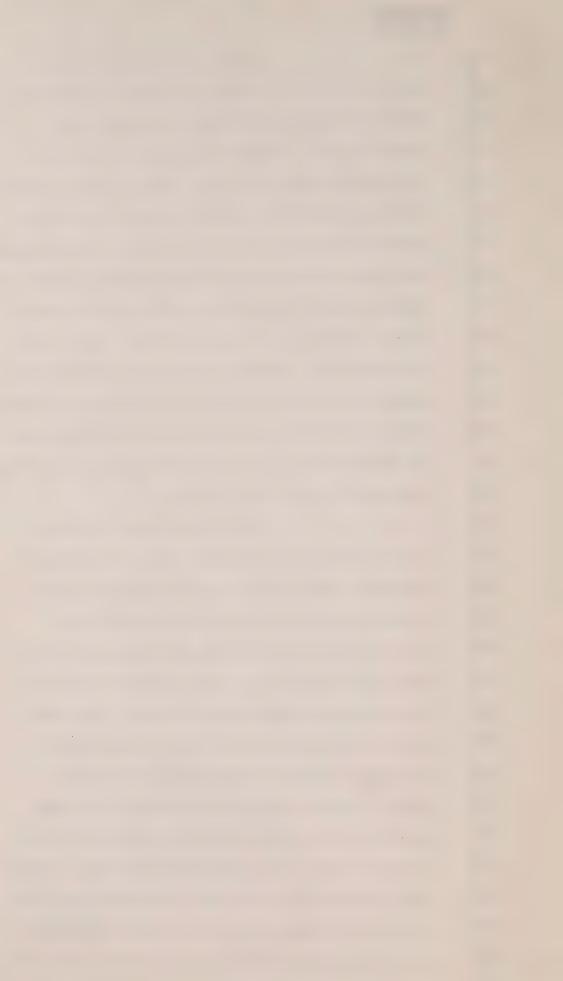
We feel that this placement is an erroneous placement. We feel that it should be placed in a different group, or classification. We feel that it belongs somewhere between-marijuana as a drug belongs somewhere between alcohol and the amphetamines, somewhere in that area, but definitely not placed in the narcotic section of the criminal law. We feel, that there is a tremendous number of discrepancies, as far as sentencing of the young people is concerned, varying in the Province from one court to another along with the basic facts that the police tend to be extremely hard and strict on the young drug userbased on the facts that the drug is placed in the narcotic section of the law. Now the young people question the sincerity of the society, that on the one hand, makes such drugs as alcohol, amphetamines and barbiturates legal for the establishment, who may show many signs of abusing it, and then, on the other hand, are very tough on the young person who becomes involved with these drugs.



Now, in our Western World, alcohol still is the most widely used and the most easily obtainable and highly acceptable, mood altering drug. Irresponsible use of alcohol has killed more people, sent more people to the hospital generated more public arrest, involved more social welfare cases through broken marriages and homes and cost industry more money than the combined misuse of heroin, morphine, mescaline, amphetamines, barbiturates, LSD and pot, all put together. But, as you can see today, the press has generally overdone the accent on the giving a lot of press coverage to these drugs, the modern drugs, the so-called "pop" drugs in comparison to the scant minimal amount of coverage

Now the next area we looked at, of course, was education, and we felt that in education there was far too much emphasis placed on the material which has been steeped in the traditional scare technique, accenting the drugs and the dire consequences — again too much accent on drugs and not enough accent on people. The other gap that has been present in our communication system is between the physicians and the young people involved. We found many times, that young people involved with drugs were frightened to come forward and seek help from their physicians, because they were afraid of the legal consequences of doing so. Now, we asked ourselves two basic questions, as to what type of action patterns can we carry out

on alcohol misuse in our society.

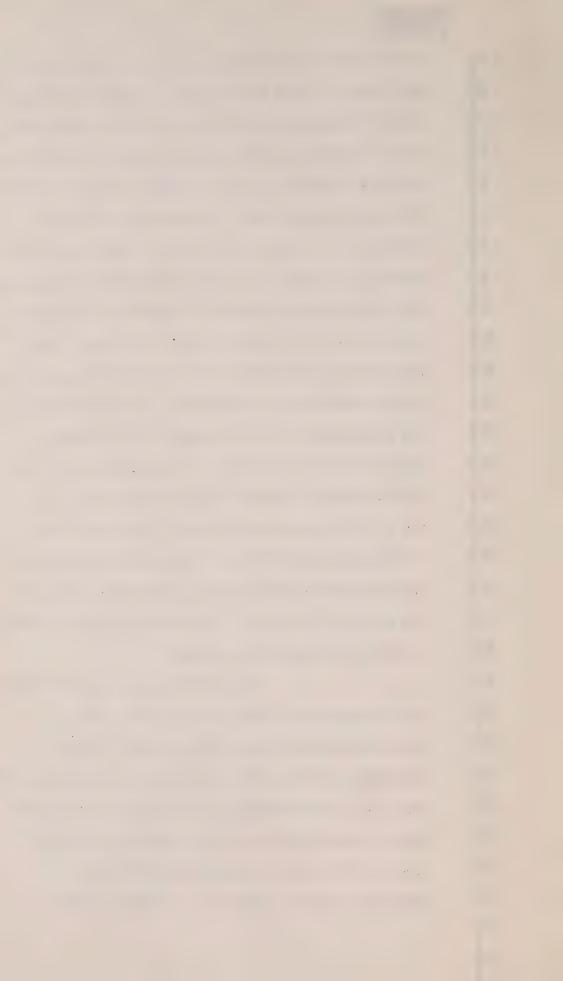


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in our own community and where in the community are the resource teams which can be -- which are equipped or can be equipped to do the job. Now we feel that each province in Canada should be able to develop an agency to provide a major co-ordinating role in the drug use problem area. Two examples of existing agencies in our own province as in other provinces, we have an alcoholism program developed, and because our drug dependency problem, dependency on alcohol is the number 1 problem, I would feel that -- NADA, the members of our committee feel that we should look at the possibility of developing closer cohesion in our programming for both alcohol and other drug dependencies. Personally, I would like to see the term "alcoholism" removed, and we should look at the term drug dependency alcohol, just as we look on drug dependency heroin, drug dependency barbitols drug dependency amphetamines, and do away with the old term of "alcoholism" and have a program designed to deal with dependency problems.

The second group that developed in our response to drug concern in our society hopefully was this organization, NADA, The New Approaches to Drug Abuse, and the group of 62 citizens who sign it would attempt to do something about the problem, and basically it was a matter of putting together the heads of people from different community resource teams in an attempt to put



together the various fragmented facts and myths, fallacies that went into the various drug education programs coming into our particular city and province and trying to straighten them out and co-ordinate them to the best of our ability. We also felt that there was an immediate need for young people who were involved with sentencing. We wanted to give the Magistrate an opportunity to afford a young person treatment rather than a prison sentence, because, in many cases, we feel that the sentencing for a drug such as marijuana may be more traumatic in the long run, than the actual long-term use of the drug itself. So we felt that we would try to develop some local effort of foster homes, and things along this line, to meet the needs of these people and develop a program for them. As a result of lack of proper funds, this project did not develop for more than about three and a half months in that direction, and then it folded up, so again we are looking for the funds and sources in order to redevelop this particular concept.

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brief.

1 In the school system we feel that there should be a more rational way of approach-2 ing the drug abuse problem in the schools, developing 3 what is known as an ombudsman approach where there is one particular counsellor or guidance counsellor in the school with whom the young people have a considerrapport, to whom they could go at a time of need without fear of being reported to legal authorities. 8

> Now, as far as drug classification, we feel that it is essential to have a special advisory committee regularly review the classification of drugs and follow a careful analysis of current research, reclassify the drugs in more specific areas as to their respective ability to produce psychic and physical dependence.

This entire ombudsman approach was outlined in the

Now, the one other thing that we at NADA were concerned about was that there are certain problem areas that should be reviewed among three groups dealing with drugs in every community. That is the physician group, the druggist group and the pharmaceutical manufacturing group.

My personal opinion as to the position on drugs like amphetamines and barbiturates is that we in the medical field should have a good look as to whether we need these drugs in our medical armamentarium at this point in our medical experience I believe the dangers of these drugs at this time greatly outweigh their advantages and it may be that there may be specific areas where barbiturates may

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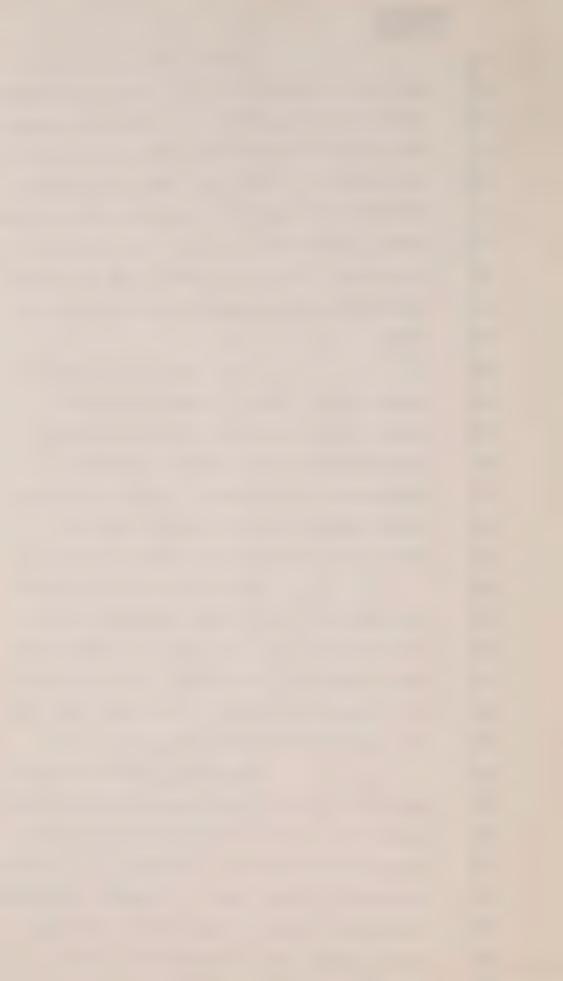
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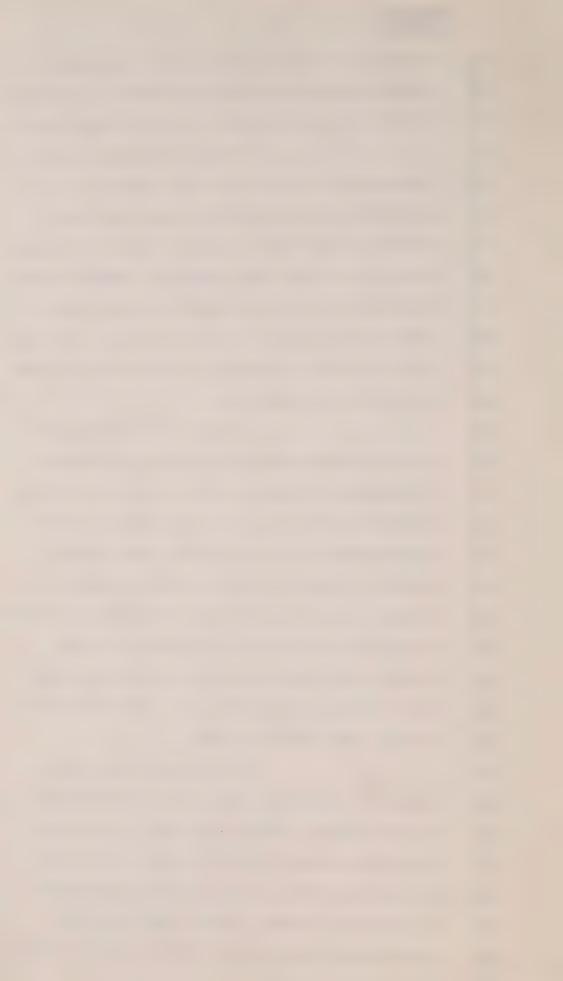
be maintained for such things as anti-convulsant and anti-asthmatic therapy, but certainly their holus-bolus use in medical practi e should be restricted.

Now, the other area we were looking at was the mailing of drug samples by pharmaceutical houses out to various physicians without the physician's signature, and we feel again that this is an area that creates a tremendous amount of material all over our country, and many times these samples are not too well protected , and I feel that the sampling should be illegal unless requested in writing by the physician.

Now, as far as the druggist area is concerned, the pharmaceutical association is attempting to look at various areas in which the over-the-counter drugs, the drugs obtained without a prescription, can be maintained under greater security. There are various suggestions about bringing to the attention of the doctor concerned the overuse of the legal prescriptions that are written. So there are two or three problem areas that will have to be sorted out in these particular critical drug dispensing areas.

In conclusion, this brief

points out a need for a major co-ordinating agency
in each province. Whether it is part and parcel of
an alcohol program is open to debate. We feel, in
our province, that it should be part and parcel of
an alcoholism program. We feel that this major
co-ordinating agency should develop a plan to involve



a realistic approach to the drug problem by an operation in the community of parents, schools, churches, governments, law enforcement agencies, and professional people. We would like to see this agency integrate citizens' groups such as we have in NADA, along with service club organizations such as you have in the Kiwanis group, the so-called drug alert program, Operation Drug Alert, and we would like to see this all integrated within an over-all provincial program mobilizing as teams in the community in each province.

Incidentally, one of the projects that NADA is engaged in at the present time is the creation of the Drug Crisis Intervention Team, which is available to meet any crisis which may develop by a person using a drug, and is subject to 24 hour call. At the present time, we have set this up on a 48 hour basis on weekends for a three month trial period, and we hope to initiate at least six other teams so that we can cover the seven days in a week, especially during the summer months when we feel that this problem will increase.

Now, we feel also that as far as the law stands on marijuana, we feel definitely that marijuana should be placed in a different category in our drug classification and in the legal classification. We do not believe that marijuana should be legalized at this time. We feel that marijuana, the penalty for marijuana should be reduced and we go along with the misdemeanor offence as brought.





up before in presentations to the Commission.

Committee on drug dependence should be created at a federal-provincial level in order to establish these major co-ordinating agencies throughout each province. The terms of reference of these co-ordinating agencies would then be to provide organizational management and control guidelines for administration for drug dependency programs combining alcohol and drugs, in each province. We would seek federal cost sharing on this type of project.

We would like to see the development of standards and essential program elements for prevention and treatment services, and we would like to see model programs developed to meet the drug problem which would involve the Crisis Intervention Team, the walk-in clinic, the short state crisis area, in-patient facilities, long stay hospital units, half-way houses, group foster homes, and special facilities for the users of heroin and morphine.

We would like to develop

dynamic educational and informational programs for

general and specific target groups, and we would

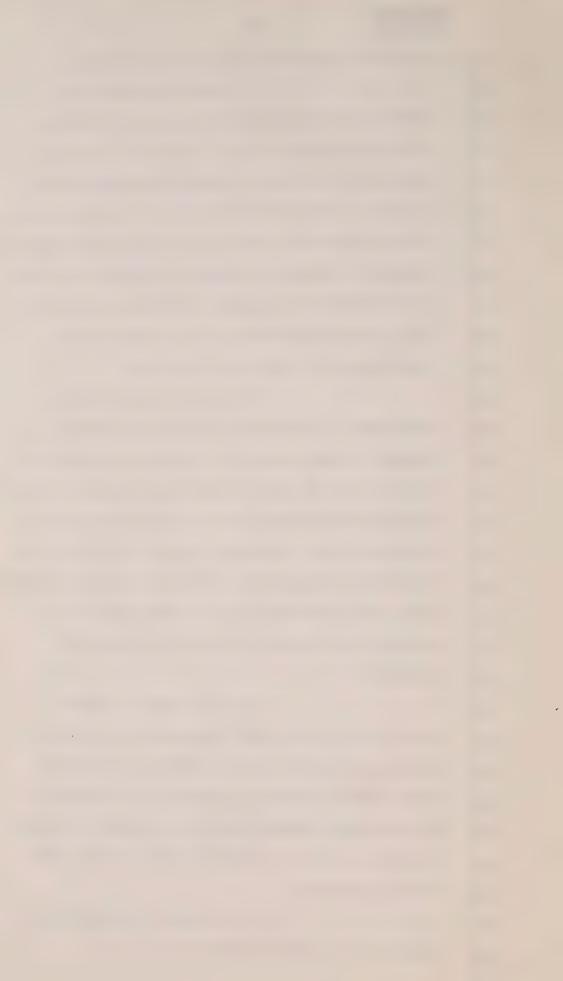
like to develop these program models and standards

for the drug dependent person in a residential type

of facility rather than the old style institutional

type of facility.

This report is respectfully submitted for your consideration.





THE CHAIRMAN: Thank you very much, Dr. Cohen. Would Mr. Bennett care to add anything?

MR. BENNETT: If I might, I would like to say a few words.

My concern in relation with the drug problem, if we can call it that, is as a health educator, and I would like to submit the following recommendations to the Commission, for consideration

First of all, I would like to see us develop the concept of health education that goes beyond purely the idea of alleviating the disease but rather it will strive for the integrating of the physical, mental and social aspects of the community that will amount to an individual being able to achieve his optimum well-being. If we have this as a goal for health education, then this means that we have to get away from drug education per se and get into the area of increasing an individual social and psychological effectiveness in this community.

effective curriculum in the area of health instruction should spend only a very small amount of time on drugs per se and concentrate on the world that the individual finds himself involved in. In other words, any effective health instruction program is going to, first of all, have to develop the concept of a learner that is real, the conceptthat the learner is going to have to admit the fact that the world has now become his classroom. In other words, the

It means, therefore, that any



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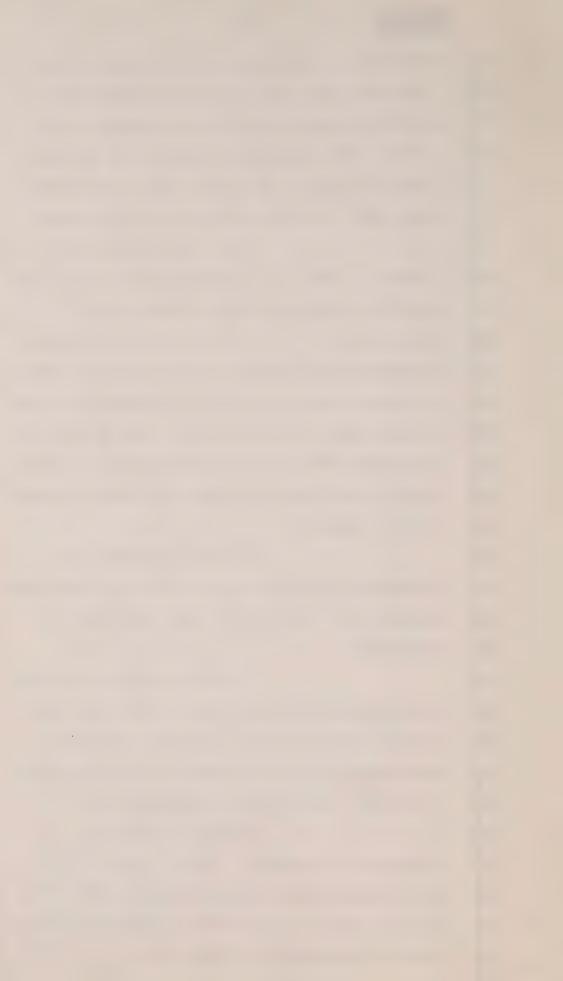
classroom is not his sole learning situation, and thus what annoys us and gets us upset about the present physical structure of the learning is going to have to be re-evaluated in such a way that the learner is going to be in his community and possibly going right across this country in order to learn.

Thus, the concept of the learner is that he is interactive. His reality will come from interaction between himself and his environment. Secondly, he has to develop a learning theory that goes beyond the earlier concepts of faculty psychology and get into the area of field learning where once again we try to set up learning situations that will enable an individual to participate in the experience rather than simply be pumped full of information.

We have established the following instructional objectives for our educational program, and I would like to share these with the Commission.

One, to stimulate an interest in considering the present use of alcohol and other chemical substances by our society. I feel that educators have a real challenge to simply get adults to sit down and even look at the phenomena.

Secondly, to provide a foundation of knowledge -- you will notice I didn't say a biased factual foundation because I don't know what that means -- to provide a foundation of knowledge for consideration of present use of alcohol and





drugs by people.

Third, to provide learning situations for the development of social skills.

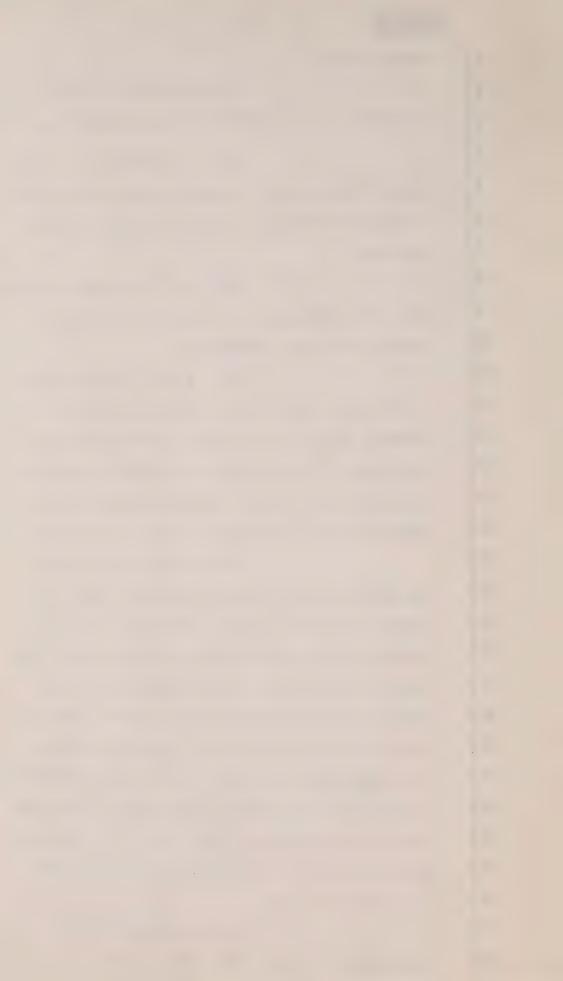
Four, to increase the individuals's effectiveness in applying these skills so as to prevent the misuse of alcohol and other chemical substances.

And five, to consider with the public the concept of an alternative to the use of alcohol and harmful substances.

Now, we feel that the school is definitely going to be involved in a health education program and we feel that no matter what the rulings or the findings of the Le Dain Commission are going to be, that the health educator will be involved in this educational aspect of the program.

And thus we see as a number one target area for consideration, the area of teacher preparation itself. In other words, in working with the school boards, we have come to the conclusion that some of the assumptions that the schools make regarding the most effective communicators in the school just don't seem to be borne out by the actual interview in the student population. In other words, the truth of the matter is that the French teacher could very well be the most effective guidance counsellor in the school although he may not be paid to do so.

The next aspect we are interested in is that every school should



develop a resource team on youth problems in the province and that this committee should be free of the administration to recommend and be free to investigate or search or gather information as it feels necessary in order to recommend to the administration of the school the policy that would be most effective in terms of developing a learning situation in that school.

We feel that something has got to be done to bridge the gap between the parent and the school. There is no doubt about it that a large amount of anxiety that the parent has towards the so-called drug phenomena is really based on the anxiety that he has in the whole experience that his youngster has in terms of developing as a human being. And therefore, if there was a better relationship between the school and the parent, this would possibly facilitate and increase understanding and willingness on behalf of the parent to lock at other possibilities in terms of the developing of his youngster.

We feel that we have got to have an integrated curriculum in the school. In other words, we are strongly against the idea of block health education where the teacher comes in with twenty-five charts loaded with statistics and decides to lay a strip on the back of the grade nine students about drugs and then that is the end about drugs for the year. Rather, we would like to see a completely integrated approach in the curriculum, that in the grade nine, ten, eleven and twelve literature program



would be a wide amount of reading that would focus on discussion and interchange ideas among young people, and we feel that the mathematics course could involve some mathematics that could possibly be applied in looking at the data that is presently available regarding drugs, and we would like to see some of the science departments begin to expose young students to the tremendous difficulty involved in true, honest research, not where you go looking for statistics of chromosomal damage, but rather where you have that very difficult problem of trying to come up with distinguishing characteristics of cause and effect and in various relationships and field studies, and this kind of thing.

In conclusion, I would like to close with a little quotation, and this is a book by deRopp. It is called "The Master Game", and he concludes in a quotation: "What people really need is a game worth playing."

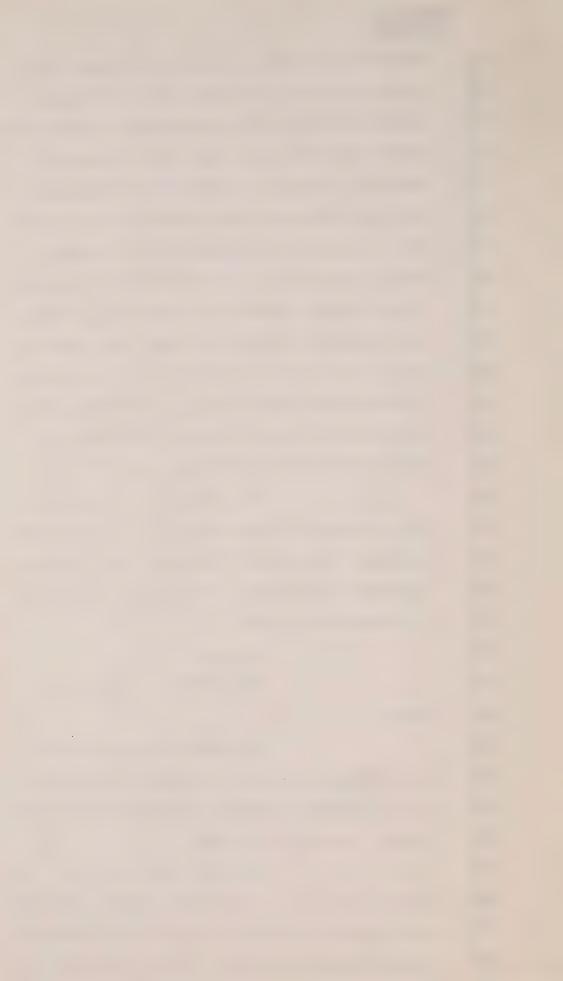
Thank you.

THE CHAIRMAN: Thank you, Mr.

Bennett.

Dr. Cohen, I was wondering if you could explain a little more what you understand by the "ombudsman" approach to drug education in the schools. How would that work?

DR. COHEN: Well, at the present time, when a young person has been discovered to be breaking the law, he is usually segregated and a penal approach is applied. What we would like to see is a guidance program adopted in the school which





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would involve school guidance counsellors, administrators and volunteer teachers who have been effective in good rapport with teenagers.

Now, in many cases the person who would be the ombudsman figure would not be necessarily a guidance counsellor, because in every school there is always one or two teachers who have the knack of developing a tremendous rapport with the young person, so it may or may not be a guidance counsellor involved.

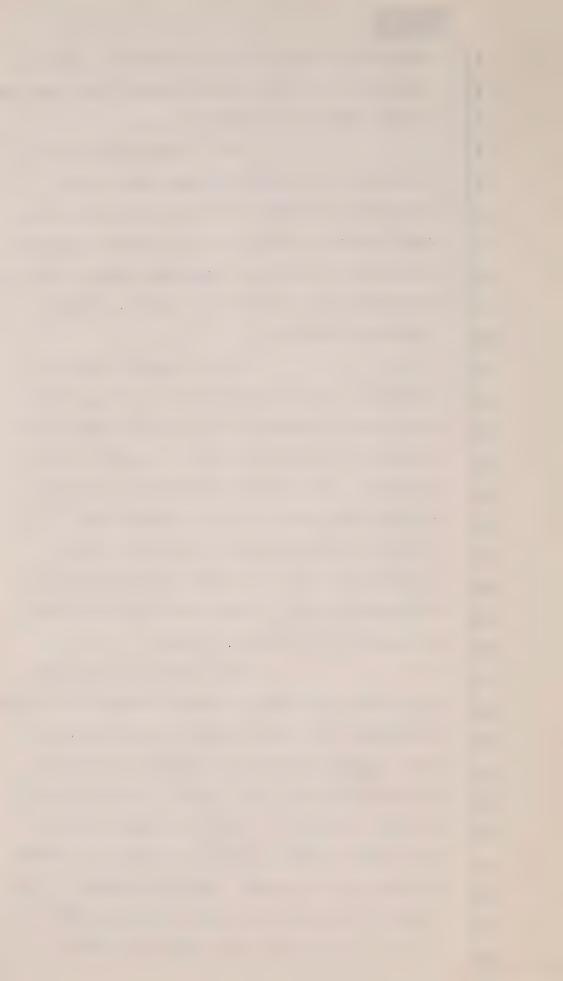
Now, we recognize that the schools can only do a very small part in preventing drug abuse or providing an outline for those already involved. But our plan, which is, incidentally, an outline of a plan which has been carried out during the last three years in the Los Angeles area, it is called the "Coronado School Approach". The plan envisions not only involvement of the youngster but the parents who are involved, who must be involved and actively participating as well.

the students identified as having a direct or indirect involvement with chemical comfort drugs and placing them in special schools, the school board should consider a one-year plan, and this one-year plan is outlined as follows. When the student has been identified as a user, he and his parents are offered an alternative to present segregation methods. would be a joint contract under which the student and his or her parents would agree to a plan of

Now, instead of segregating

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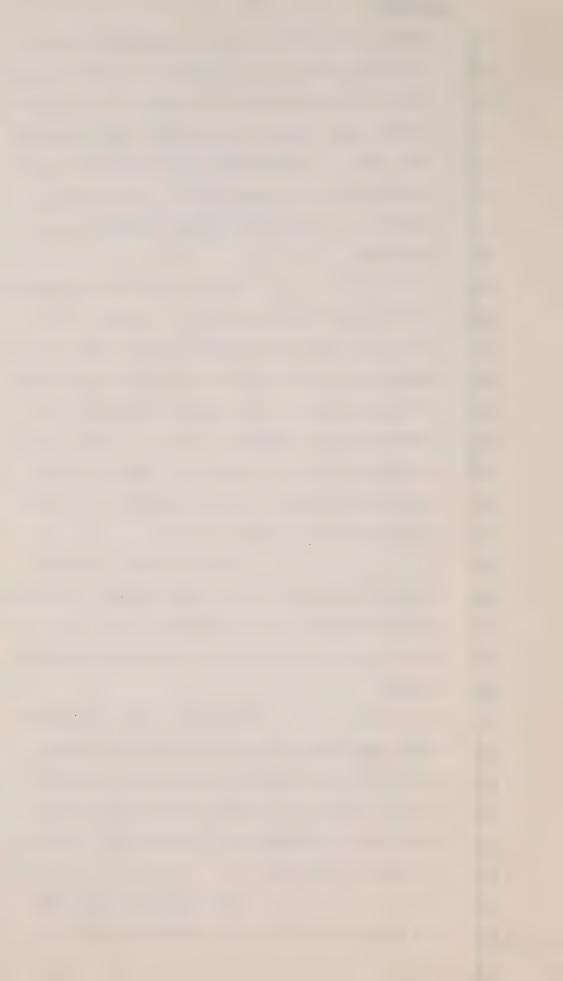
therapy during which time the student would receive individual evaluation initially to determine suitability for group therapy; that parents would agree to attend weekly sessions during which various members of a team could be developed to provide special counselling to both parents and to the youngster involved. A mixed group session concept could be developed.

The duration of the attendance of the parents and the students in therapy would, of course, depend on several criteria. The student's behavioural pattern would be evaluated over a period of one semester, and then clear evidence must be presented to show determination on his part to adopt an on-going program of effective communication and genuine understanding designed particularly to meet the needs of the youngster involved.

In this program, the school guidance counsellor, or the various teacher ombudsman figure would play a very substantial role. He would work very closely with the student and also with the parents.

Now, as I said, this program would take advantage of all the community experts who could be developed as part of an over-all team and this team approach would involve social workers, sociologists, psychologists, psychiatrists, wherever the need is indicated.

Now, at the end of the time the school then would -- the committee would then





decide whether the youngster involved had carried out his part of the contract, and whether the parents had also fulfilled theirs, and after the one year of a sort of surveillance, the youngster would be allowed to continue on in the school program without removing him from the mainstream of the school from which he comes.

THE CHAIRMAN: Dean Campbell?

MR. BENNETT: Could I make

a comment regarding this? This may sound that the assumption is that the moment you have a drug user immediately you have some psycho-pathology, and I think it should be clearly understood here that because you have a young person who has been identi-find out after your first/hour's conversation that really the boy is quite functional and he is doing quite well, and everything seems to be quite adequate and so therefore, this extensive program would be more directed at the individual who, either as a result of his drug use or prior to his drug use, had a demonstrable psycho-pathology and required that extensive an approach, because I think society makes the mistake of assuming that every person who comes in contact with a drug is mentally ill. haven't seen enough evidence to satisfy myself on that.

DR. COHEN: The other point ---

MR. CAMPBELL: This is a point

I wanted to raise, that the gentleman spoke to.

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Nevertheless, why focus on the young person who presents symptoms of a psycho-pathology through drug use? Am I to assume that you would say the same services would be available to people showing psychopathological symptoms, but not necessarily with any drugs involved?

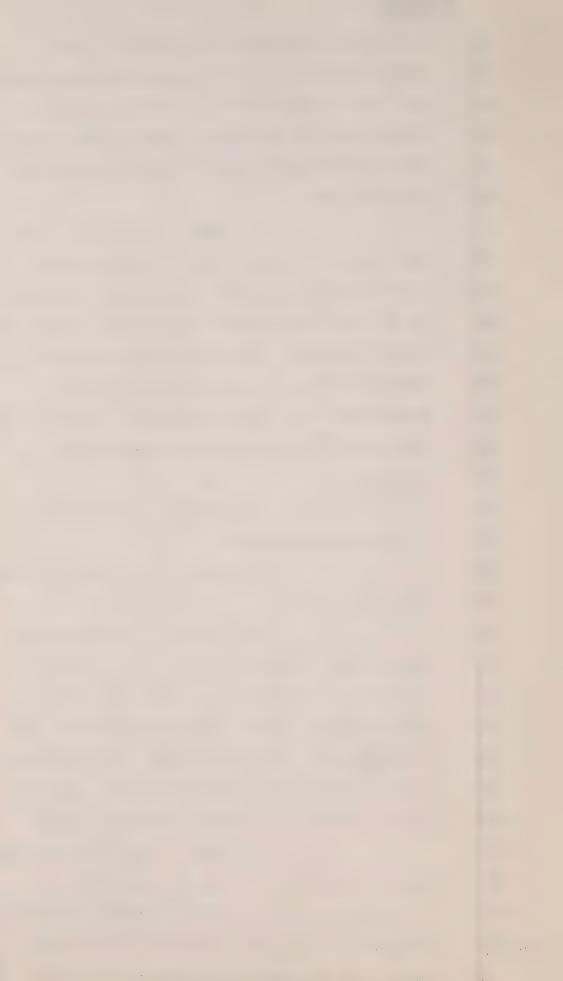
DR. COHEN: I think this would apply across the board in sort of a mental health clinic approach in general, but the group I was looking at is not so much the youngster who may have psychological hang-ups or aggravation of psychological hang-ups by drugs, but the young person who is apprehended by our legal law enforcement officers and then removed from the school, and then punished accordingly.

MR. CAMPBELL: You are thinking of this as an alternative?

DR. COHEN: As an alternative to imprisonment,

MR. CAMPBELL: Another question I would like to raise with you; I think on page 4 of your brief you speak of marijuana perhaps being properly placed somewhere midway between alcohol and the amphetamines, methamphetamines. I was wondering if you could expand on that point, why you place it this way between quite radically different drugs.

DR. COHEN: I feel that basically you are looking at -- to look at the effects of marijuana, it is a very weak psychedelic type of drug which in actual fact belongs at the very lower level on the psychedelic drug category in the LSD



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group, and it does have a euphoric effect, very similar to the releasing effect of inhibitions that alcohol produces in many people, and it does produce stimulation of thinking and the speeding up of thinking related also to the amphetamine type. So, in looking it over and reviewing it from time to time I felt that somewhere in our drug classification scale, it should be midway between, say, an alcohol classification and the drug, the amphetamine type. But certainly, it should not be in the narcotics section of the law. It should be in our drug classification; there are two classifications that end up making most people very confused. One is the legal classification and one is the medical classification. In our medical classification it is in the psychoactive type of drug group, as opposed to the psycho-depressant type of drug, your narcotic.

THE CHAIRMAN: Dr. Lehmann?

DR. LEHMANN: I should like

to come back to Dean Campbell's question about the distinction between the emergency of a youngster who has taken drugs and any other kind of psychological or social breakdown emergency involving a young person.

In some of the briefs,

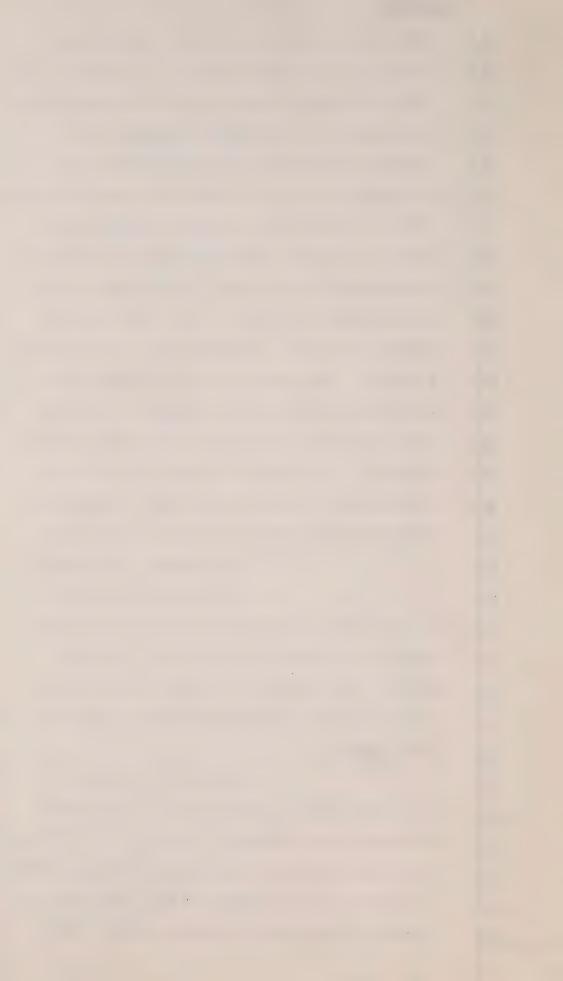
particularly one in the Maritimes, a well thought

outapproach was presented to us where it was stressed

that there should be no distinction between treatment

of alcoholics, the treatment of drug taking and the

treatment of any kind of a mental health breakdown.

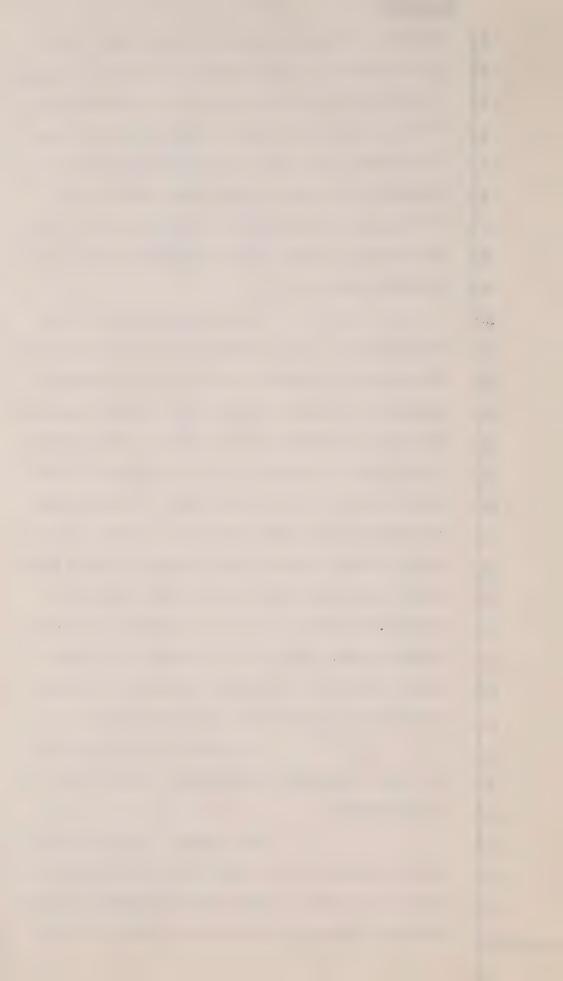


Yet you do recommend special crisis teams. Again you specify for somebody who is in a crisis because of drug taking. And as you have just pointed out, this is because you want to protect them from law interference and rather, provide the treatment approach. But many of these drug abusers I see really are not involved/any kind of a legal action; for instance, a speed taker or people who take barbiturates, and so on.

Now, the question still is, why should one, and to what extent should one promote the creation of special teams, special residences, special consultation services and treatment services for alcohol because in some regions it was stressed to us that the alcoholic should be treated in one sort of facility, the drug taker in another, and the mental health problems in still others. And it still has been stressed that perhaps the older drug taking individual should have his own facilities and quite recently, with the increased use of heroin, there has been question as to whether the heroin taker should not be treated in addifferent facility from the marijuana taker or the speed taker.

Now, what are we going to do with this increasing fragmentation and how should it be approached?

DR. COHEN: I couldn't agree with you more, but let's face the facts as they now stand, that many of these cases are appearing on the scene and there is no one who is willing to extend a



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hand to help these cases in developing an over-all 1 program for them. And what we are suggesting is, if it 2 may appear to be fragmented at first, we would hope 3 to see integration of an over-all approach to the 4 drug dependency problem develop as a result of ex-5 ploration of the different areas that we are talking 6 about, so that the Crisis Intervention Team right 7 now serves two purposes. One is to develop an 8 immediate service and action on the scene where the 9 drug user is at. And secondly, as a result of the 10 repeated reaching out by the hand to these people, 11 we will then determine the amount of service that 12 will be required and what type of service should be 13 developed, and I feel that we are just in a very 14 early embryonic stage of development and we hope to 15 extend into an integration of our mental health 16 services and perhaps develop it all under one wing. 17 Whether this is under an alcohol-drug wing, or whether 18 it is under a psychiatric service wing, this is 19 something that I feel will grow as time goes by. 20 MR. BENNETT: There is another 21 22 23 24

aspect of this too, and that is that one of the biggest values of the Crisis Team right now, is to offer an alternative to the parent. One of its values is, it reduces the anxiety of the parent and gives him an alternative other than court referral or contacting the police, or this kind of thing.

And right now I don't understand the social phenomena that has created it, but the community seems to have given a special consideration to some unique adolescent



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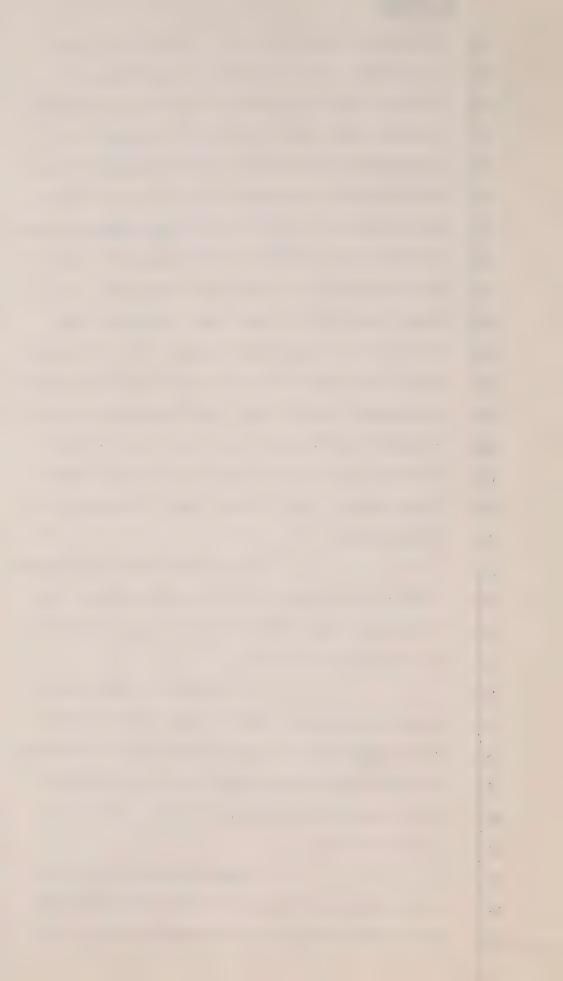
phenomena called "drug use", and are very upset about this, and so therefore whereas I agree that the ideal thing would be that the pre-existing treatment facilities would handle the drug user, apparently they have been very unsuccessful in the past at making referrals in this area, that family physicians don't want to touch these people because of their own concepts, that welfare people don't want to come into contact with these people, that normal psychiatric teams, rural community teams, don't want to really make contact with these people and so where does the parent go? The parent doesn't go anywhere except to get frustrated and more frustrated; so that a person can go over to the house and talk to the parents and do nothing to reduce their anxiety, then I think there is a need for this type of thing.

MR. STEIN: Could you indicate to us on this question of the Crisis, please, what involvement there would be in this, or is there any participation directly?

MR. BENNETT: There are drug users on the teams. That is the initial contact.

If the drug user on the team can handle the situation then the sort of para-supportive -- other members of the team are not necessary at all. It is the initial contact.

Now, the trouble with this, in our community anyway, is that we have got some very capable people in this community handling this



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problem. However, rightly or wrongly, these people have aggravated the so-called powers that be, they have lost credibility amongst the so-called organizers of the community and the administration.

MR. STEIN: Why? Could you tell us something about why this is indicated?

MR. BENNETT: Well, because they are not going in the line, to turn around and to follow the so-called stereotype approaches, and what happens is, they are not prepared to hop on the kids' backs and say, "Look, your drug use is wrong", but rather their approach is, "Look, if you are in difficulty, let us handle the difficulty, and talking about drugs will come later on", and this type of thing. But rather, the community seems to feel that drug use in itself is a psycho-pathology, and therefore they want to treat this per se and so, you have a real problem in Saskatchewan and the community of Regina, in that you have to have the treatment team that the law will buy , that they will co-operate in terms of communication, in terms of approaching the drug user and this kind of thing, and yet at the same time, you have to have a team that is credible in terms of the user himself in the using population and that is the real difficulty that we are in right now, this polarization.

that line of thought, Mr. Bennett, have you seen any difficulties in the attempt to bring under the edges of very broadly representative community agencies, the



functions of research, information development, the
development of educational program treatment presumably
the formulation of a community policy and attitude.

Do you see problems at all? And I also ask this
question of Dr. Cohen as well. One of our tasks, I
think, is to identify the various functions that have
to be performed in relation to this phenomena, and
to consider what might be called the "basic integrity"
of these functions and the extent to which there may
be conflicts of interests which are better avoided
and to attempt to determine the best relationships
in the various functions in the institutions which
may assume the responsibility for them. Do you have
any thought along these problems?

MR. BENNETT: As a community educator, I have thought a lot about this, but you see what happens is that you begin to break down these barriers and you begin to bring these different communities together in dialogue and things like that, and then some radio station or newspaper, out of a sincere desire to educate the public, and this kind of thing, decides to launch a Project '70, or something like this -- (applause) -- and what happens is that a whole year's work went right down the drain in terms of getting these people together because what happened is that we were coming together, we were getting the total perspective of the community and this kind of thing, and then after Project '70, because of statements that people made on the radio programs and things like that, the community was polarized all



over again, you see.

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I'm sorry, I don't want to put salt in the wounds here, especially as a visitor, but I think it may be helpful to us if you could give us a little bit of understanding of what this community's experience was with Project '70, not that I want to revive the controversy, but just to inform us so that we can learn something of the general value in this.

MR. BENNETT: There is a very powerful individual down in the United States by the name of Mr. Barry Savage, who has put together a wide range of interviews with a large number of people, and he has come to the conclusion that once you talk to Dr. Lehmann and once you talk to people of his calibre, that you are now an expert yourself, and so what happens is this person comes up to a radio station and states, "Well now, look, what the community needs is a drug education program", and gives you all the statistics about heroin use and things like that, and possibly his biggest selling value is that it is a quick, immediate response, it is tangible, it is evidence, it appears that it is going to be everything in a very short period of time. And so our community, our society, seems to have lost the ability to be able to postpone, to think in terms of long range planning, and what they want is quick, dynamic, tangible results, and Project '70 seemed to be just that.

So this was a series of radio



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1 interviews where a number of people called in from 2 parts of the province and various different comments 3 were placed on the radio. However, the interesting 4 thing was that Mr. Savage was the guy at the button, 5 you see. And so, when something came in that was 6 possibly controversial or may have given a total 7 picture, down went the button, you see. And so, 8 what happened is, it became the old scare approach that was carried on, and what happened was, it 10 created a real problem. At least, I feel it created 11 a real problem in the community and that it has cost us a lot in education. This went on for seven 12 days -- it was on from 9:30 until 11:30 in the 13 morning, and from 7:30 until 9:30 every evening, 14 15 and parents phoned in and various different people phoned in, but I don't think it did very much for 16 education, I don't think the community is that much 17 better informed as a result of it. And it is most 18 interesting to note that when the program was viewed 19 it was also when the Bureau of 20 Broadcast Measurements were carrying on their surveys 21 in this kind of thing, and you know, you question 22 their motives also in this area here. 23 Now, I think this is the kind 24 of problem that I think every community has. I worked 25 in Ontario for two and a half years, and there was 26 exactly the same kind of problem in Toronto. 27

you almost had to have two programs, one community approach that took care of administration and the system, and another approach





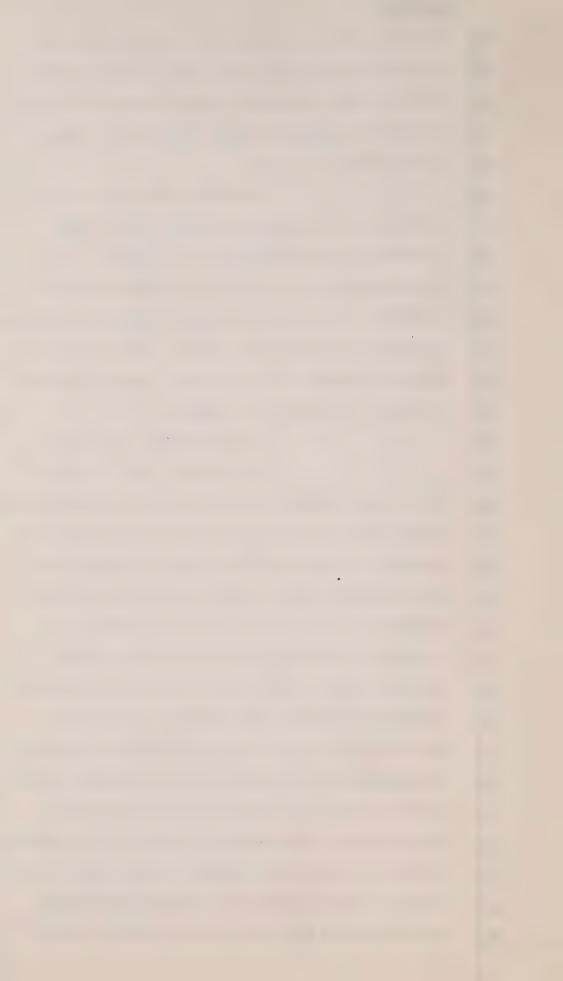
at the scene, the people who thought that they had -and feel that they have, adequate grounds, and healthy
motivations for continuing to pursue this area of
investigation.

And you sort of have to try to program for both groups of people, and the real challenge to any educator in any community, is how you program for both, how do you bring these two together? How do you find exactly where the community is going to have to go in order to make the most positive response, and of course, the next question is, what is the positive response?

THE CHAIRMAN: Dr. Cohen?

DR. COHEN: Yes, as far as

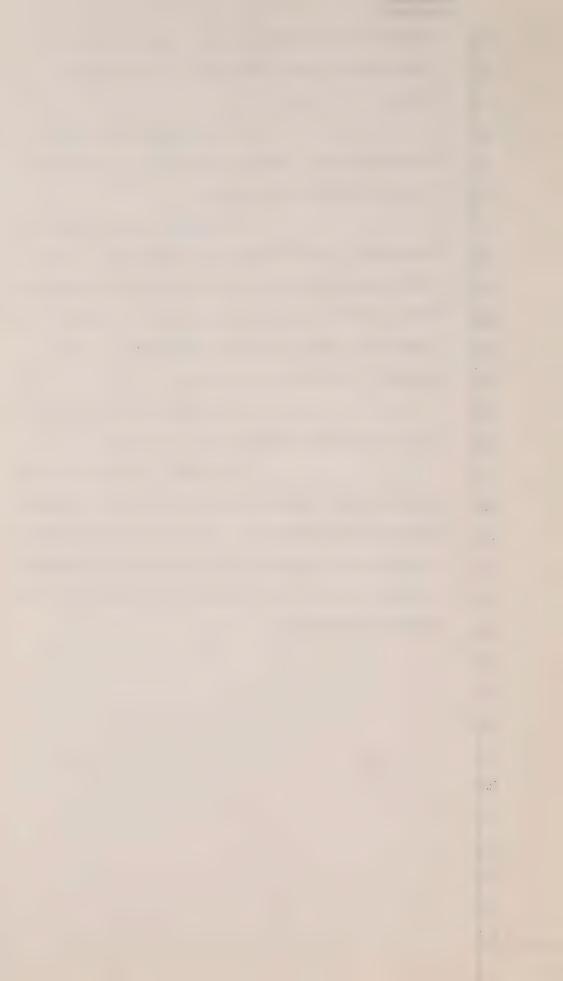
the over-all approach in the community is, concerned we find it most difficult to develop a multi-discipline by approach to the problem/getting/the co-operation of the different types of people that you would think should be part of the team. We are trying to co-ordinate, for example, the family physician, and basically what he has to do is, he finds it extremely difficult to become a part of the team that takes the part of the action, as far as the team approach is concerned. And so we feel that, somewhere getting back to this crisis team and the development of service areas in the community, this has to be started somewhere and it is our attempt to get started in this direction and certainly, I go along with what has been brought up here, that we should have integrated



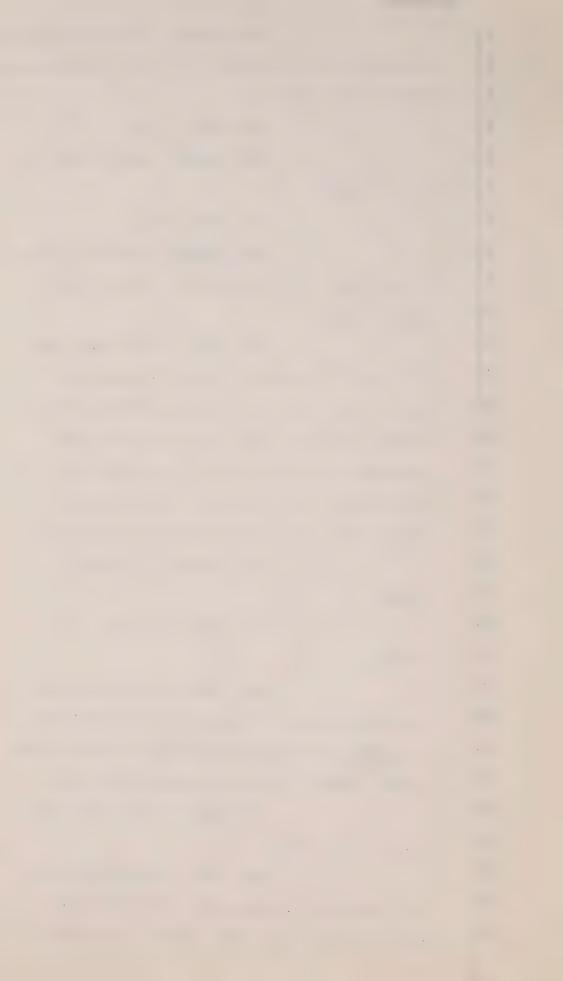
B.PROUSE REPORTING SERVICES

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38 approach by one central agency, and this kind of 1 thing would be most beneficial for the over-all 2 program. 3 "MR. CAMPBELL: Dr. Cohen, 4 the name of your organization refers to drug abuse. 5 How do you define drug abuse? 6 DR. COHEN: As far as this is 7 concerned, it is a very general term, and I would 8 think that drug abuse could be defined as occurring 9 when a person is using, first of all, illegal or 10 legal drugs without medical supervision. Very 11 simply, I would put it this way. 12 MR. CAMPBELL: We can exclude 13 then, the use of alcohol from drug abuse? 14 DR. COHEN: This, where I am 15 saying "abuse", this would include alcohol, because 16 where you are abusing it -- it is a non-medical drug 17 and if you are abusing it, then you are in problems 18 with it. It is still drug abuse if you are not using 19 alcohol responsibly. 20 21 22 23 24 25 26 27 28 29



	REPORTING SERVICES
1	MR. CAMPBELL: The first approach
2	you spoke of was using drugs that were illegal without
3	medical supervision.
4	DR. COHEN: Right.
5	MR. CAMPBELL: Now you can use
6	alcohol legally.
7	DR. COHEN: Yes.
8	MR. CAMPBELL: Medical supervision
9	You would say that was abuse even though it was
10	legally used.
11	DR. COHEN: Where abuse comes
12	in, I think it is where it begins to show its
13	effect on the functioning of the individual where the
14	repeated use of the drug then would make itself
15	imperative to its abuse where it disturbs the
16	functioning of the individual in his home area,
17	job area, and within his physical and mental health.
18	MR. CAMPBELL: Or where it is
19	illegal.
20	DR. COHEN: Or where it is
21	illegal.
22	MR. STEIN: Just to push that
23	one further step; in stating that it would be when
24	it distrubs the functioning of the individual, where
25	is that judgment in your estimation to be made?
26	DR. COHEN: It is a very fine
27	line of distinction.
28	MR. STEIN: Going back to the
29	point that your colleague made, that very often
30	persons who are using drugs legally, or illegally

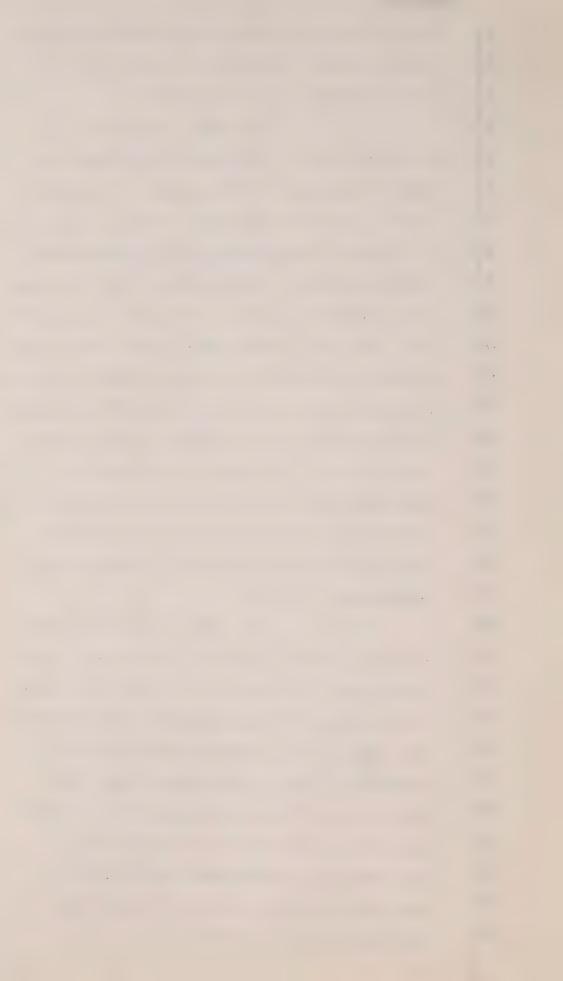


B.PROUSE
REPORTING SERVICES

do not necessarily have psycho-pathological symptoms and the judgment -- you started to say, and I cut in on you there, it is a fine line.

DR. COHEN: I would believe as a medical man, I would rely on my medical knowledge to determine this distinction. For example, I had a patient who would come in and he is sent in by his family because they think he has an alcohol problem; he doesn't think he has an alcohol problem; I do a blood test on him in the middle of the afternoon, 3:30, and find his blood alcohol level is .240. He tells me he only drinks three cocktails a day, one for lunch, one for dinner, and one before he retires. He is averaging -- he is showing an average blood level of .240. I consider this pathalogical, especially when I find as a doctor that he has disease in his system that he is completely unaware of, that he has diabetes, he has liver damage, he has cardiomyopathy and so on.

MR. STEIN: What is your view as a doctor who has obviously run into this kind of situation as to the possibility of assisting someone to alter their drug use pattern when they themselves don't believe, even though you had empirically verified its, say, in this kind of a case, that they are using alcohol, let's say, in an excessive way. What is your view as to the possibility of assisting them or working with them in altering their drug use pattern if they do not feel any motivation in that direction?



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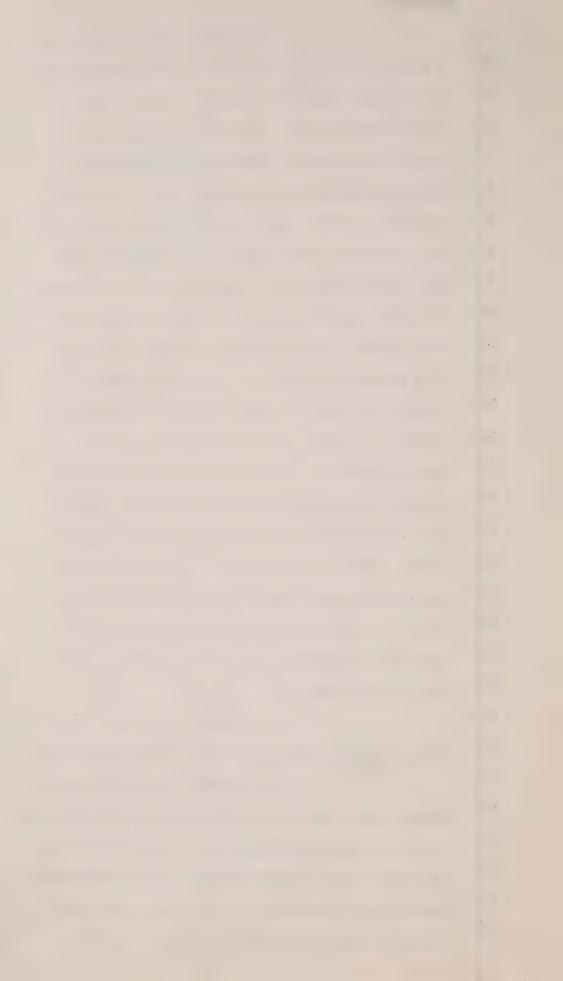
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DR. COHEN: Again, this is a very difficult area to work in and having worked in the area, mainly in alcohol during the last eleven years, we have run across many of these cases who we are very aware have very definite alcohol problem but yet do not wish to have any treatment or have anything done about it. As they say "I am doing fine and I wish to carry on as I am." Then I think the onus is on the -- between the family and the doctor to come to a decision as to whether we are going to stand by and allow this person to continue in his present way of life and with the ultimate damage continuing over a period of time, or do we do something more definite about it. In many cases we may have to use coercion in order to get him into a treatment centre to obtain help and we have found strange enough, that once the person is in the treatment centire even under coergion, that we are able to reach a certain percentage of these people and

MR. STEIN: Could you explain then, what your meaning of the word "coercion" means?

help them straighten out as far as their way of

DR. COHEN: Coercion under the Mental Health Act of this province refers to Sections 17 - (1) of the Mental Health Act, we would have to call upon these two sections and the one we use is Section 18 - (1) whereby in it it states that this person is either using alcohol or drugs to the



2 either unable to, or does not wish to have medical 3 assistance. 4 5 the form of a committal. 6 7 or committal. 8 9 Health Statute. 10 11 Health Act. 12 MR. BENNETT: The trouble is 13 14 15 16 17 18 19 20 21 22 23 so far. 24 25 the microphone. 26 THE PUBLIC: Mr. Chairman, 27 28 29 30

detriment of his health and is unable to -- is

MR. BENNETT: This would be

DR. COHEN: This is coercion

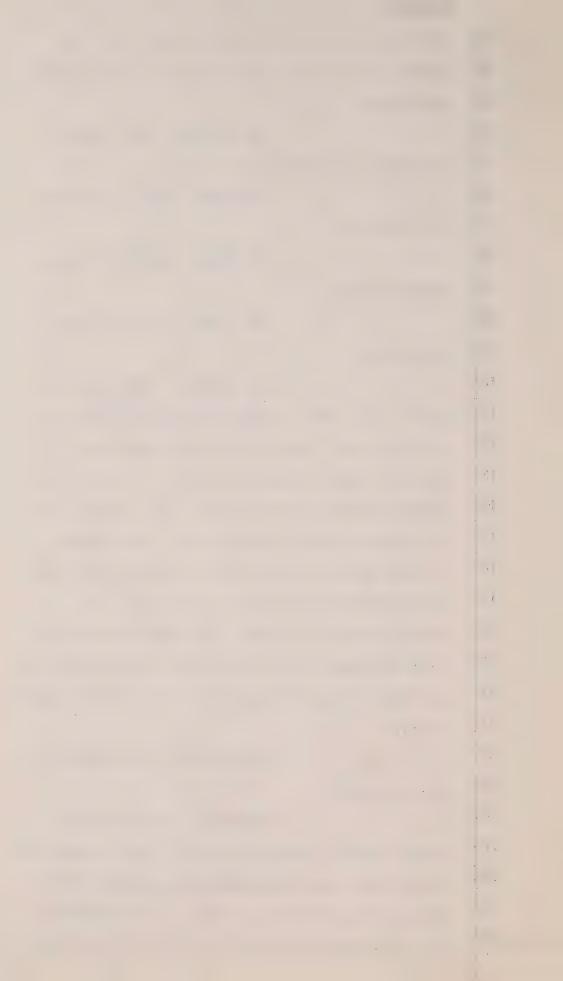
MR. STEIN: Under the Mental

DR. COHEN: Under the Mental

here in the cases we have been involved with here so far in the province there has been a very definite organic problem, you know, it is not just simply the person has refused to stop smoking pot, or refused to stop dropping acid or has refused to stop shooting methadrine or something like that, but rather the individual is in such an organic state that if there is not some intervention that the person is going to be in severe difficulty and that is the only case where this has been applied

THE CHAIRMAN: Gentleman at

could I make a comment and ask Dr. Cohen a question? I have been very impressed with the approach of Dr. Cohen and Mr. Bennett. I think it is tremendous. But there seems to be one irrationality in it that



hangs over many of the discussions of this subject.

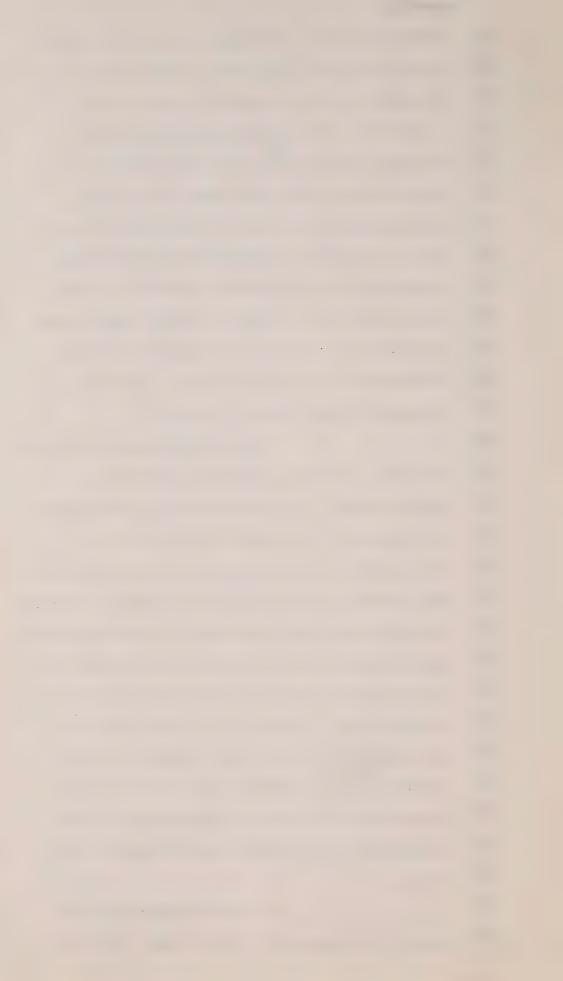
In spite of the things that Dr. Cohen has said
he ended up by not recommending marijuana be
legalized. The aspect of the problem that I
as
have been looking at/a social psychologist is the
social effects and a great many of the social
effects seem quite clearly to come from the fact
of the illegality. A great deal of the anxiety,
great deal of the difficulty in getting treatment

programs that a lot of these speakers have been recommending are very difficult to carry out as long as an illegal act is involved.

stems from that. It seems to me that some of the

than that, of course. The marijuana law is discriminatory, it is discriminatory in the way it is enforced, it very great discrimination on the ground of class, the people who are questioned and searched, and one might say harassed constantly, are mainly the young people without fixed employment; professional and business people who use marijuana are rarely bothered. It is discriminatory on the grounds of age. Nearly all the people who are even conceding the fact that the majority of the among use may be /young people, there is still a disproportion of the attention of enforcing the law with regardto young people than to regarding older people.

In the background lies the form of biggest/discrimination, and Dr. Cohen referred to



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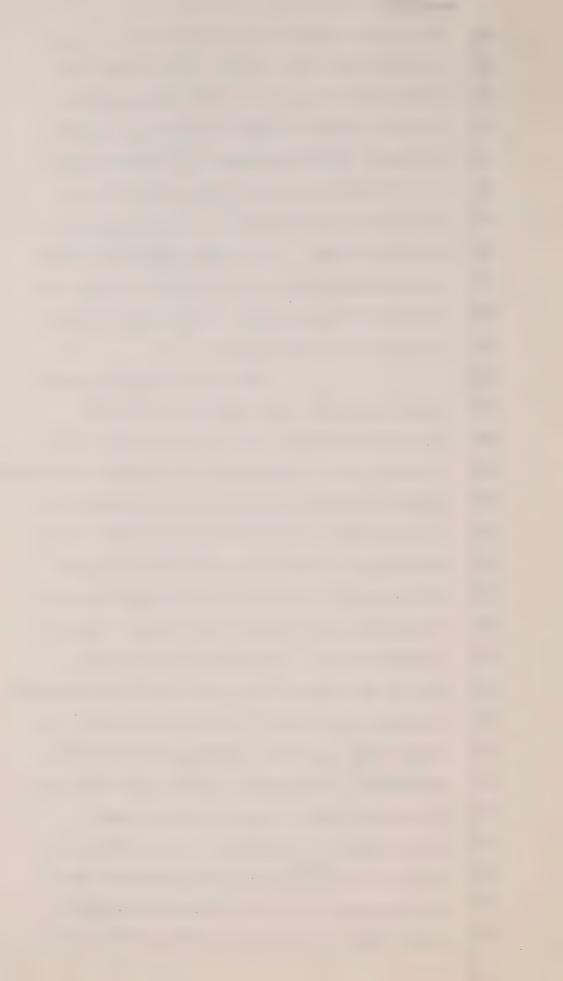
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the double standard. He mentioned that alcohol has done more harm than not only marijuana but along with a long list of other drugs combined, and yet alcohol is still the socially accepted and legal form of relaxation and indulgence for the older generation, and the particular form of a relaxing drug chosen by the young people is not only illegal, but the enforcement of the law is pretty persistent and the number of young lives that have the black mark of a criminal code conviction is a staggering thing.

This one fact is doing more to alienate the younger generation from our society than probably any one single thing, and I find it hard to understand why people who have given such conscientious thought and consideration to the matter as the men who have spoken this morning still want to leave marijuana laws on the books. With regard to liggor we have laws/which you are convicted if you do particular things, if you do particular acts. It is not the use of liquor. Why not the same for marijuana, why should marijuana possession or use be in itself a criminal act. It seems to me the kind of programs that are being talked about are certainly in the right direction but are not going to even get public support. As Mr. Bennett had mentioned, the mere fact of it being a criminal offence in the background puts many obstacles in the way of helping the young people that have difficulties and certainly there



is a problem and the discussion this morning on medical and educational grounds is the direction which things have to go, but at the mcment society's total approach is punitive and until we removed possession of marijuana as an indictable offence under the criminal code we can never make the transfer to a health approach, personality approach, educational approach as the speakers have been recommending.

MR. BENNETT: Dr. Rand, as a social psychologist, don't you feel really that the reason marijuana is where it is and the way it is being treated is that the community is finally going to have to admit that it is not afraid of the drug per se, it is afraid of the phenomena that the drug represents and that they are trying to control a phenomena by trying to control a drug and this is impossible.

would like to say is on what Mr. Stan -- I
forget the gentleman's last name, on legalization
of marijuana, I think you have to look at it in the
same category as alcohol. For instance, who is
helping the alcoholic? The alcoholic, or the
people that are alcoholics have formed an AAA, and
they get more direct support and more success from
-- but what I do feel is that people who are s tting
up and making laws and rules and regulations

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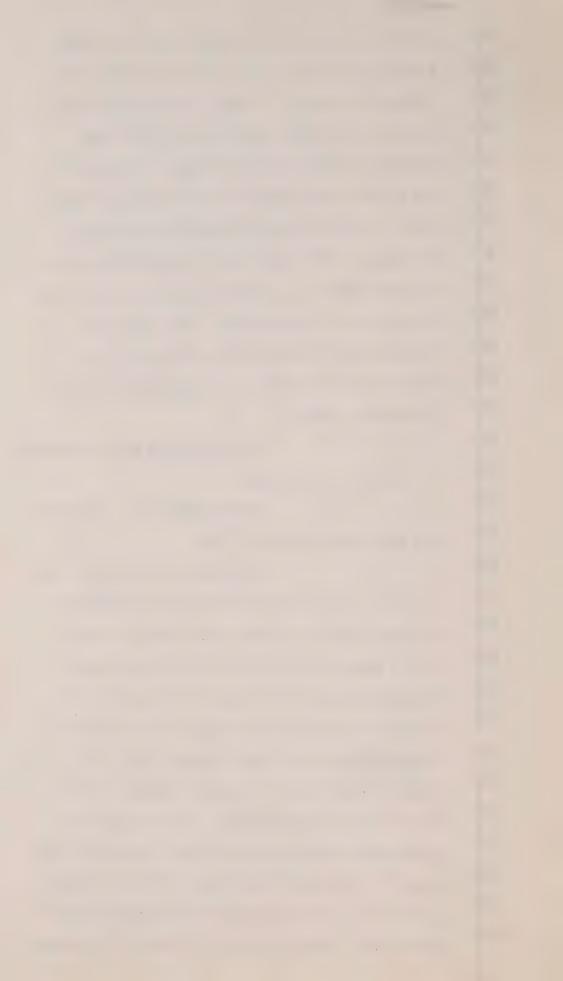
governing the use of the drug, I find from what I have noticed, they don't have any first-hand information really. I mean I think before you can sit down and judge something you have to go through the basics of the thing, like using it. And I think some people use alcohol to an extent where it screws them up completely and then you get someone else using drugs and you get exactly the same parallel. Now what are you going to do? Now can we -- everybody that uses alcohol or everybody that uses marijuana is guilty of a criminal act according to our particular law now; is that not true?

I am not directing my question to anyone in particular.

THE CHAIRMAN: Yes, everyone who has possession of it, yes.

I would like to find out for my own information how many people that smoke marijuana and know how to handle marijuana are doing something to help young people that don't know anything about the drug, that are just trying it for the first time and going onto these fantastic new trips.

I don't think there is too many people. I don't think the police department, I don't think the government organizations are even considering this aspect of the whole thing, and I think you have to get to the young people who know something about marijuana. Like I have been involved in marijuana

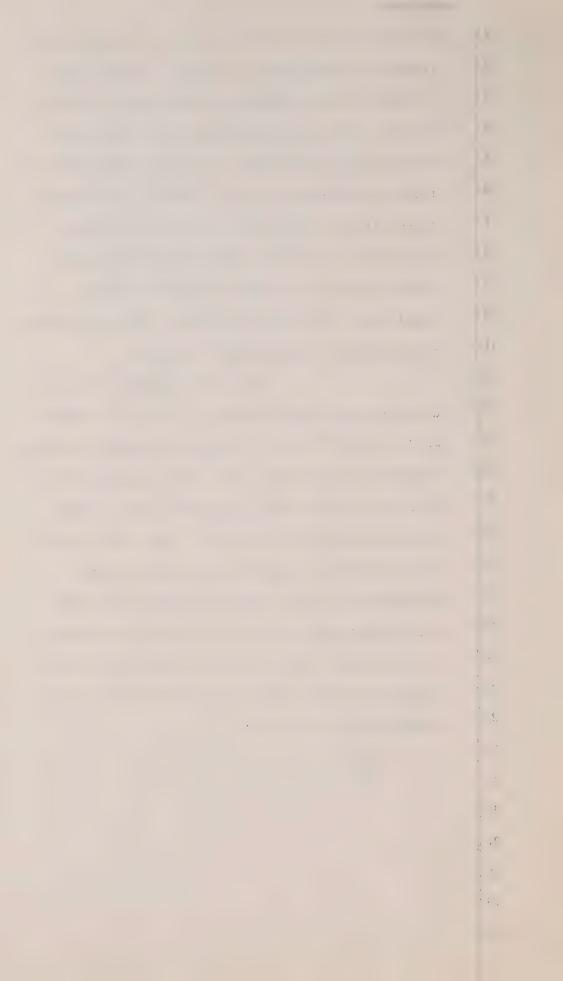


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now for two months and the people I have met being involved in marijuana, as far as I am concerned.

I think they are fantastic human beings and they have got a lot to offer young people that haven't had any sort of guidance, home environment and stuff like this, and drop out of, lets say, you know, the organization. They don't like the structure of our society, they don't like the way things are going and they are rebelling and so they are rebelling in their own little way. They are smoking marijuana and they are going too far.

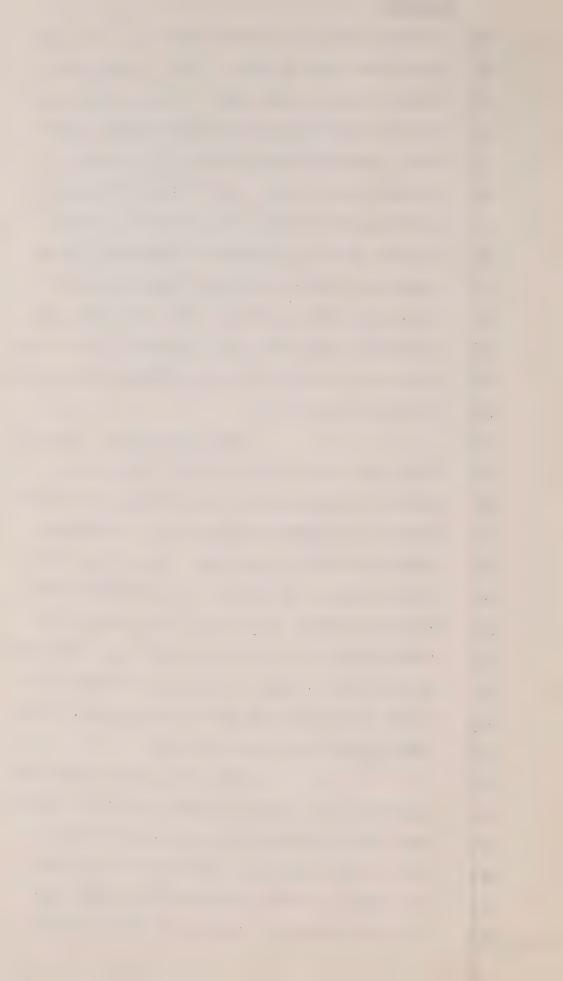
Like for instance, I was at a party once where there was a lot of kids smoking marijuana and a lot of them had, lets say, had been turned on two or three times and they reminded me of a lot of young kids I saw when I was younger that started drinking alcohol. They were laying around completely immobile, no communication whatsoever, but not harming anybody. Like they were stoned right out of their heads so to speak, and I thought, well, you know, there must be more to marijuana than just lying around Friday nights stoned out of your tree.



I think it has got to offer something to the young people and I feel it does. I feel it helps them relax, I feel it helps them -- sort of helps them relieve a bit of their self-consciousness, and all these screwed up things we have to live with in society, and get away. It is like a little bit of a holiday and vacation. And I feel that anybody who sits up on a high pedestal and makes a law and says that, "Gee Whiz, this is illegal, nobody is allowed this drug", and who gives that human being the power to say this? Has that person gone through this trip, have they had any experience with marijuana? I mean, where is it at?

Like, going back to the alcoholic, now, who, in what sort of field do they achieve more success, in the rehabilitation of human beings that became so-called dregs of society by drinking alcohol to an excess? But when you don't an drink alcohol to an excess, it is quite/enjoyable, socially accepted thing, and I feel very strongly that marijuana is exactly the same thing. But nobody in government, as far as I can tell, and nobody even in the so-called police force of ours across Canada, knows a great deal about marijuana.

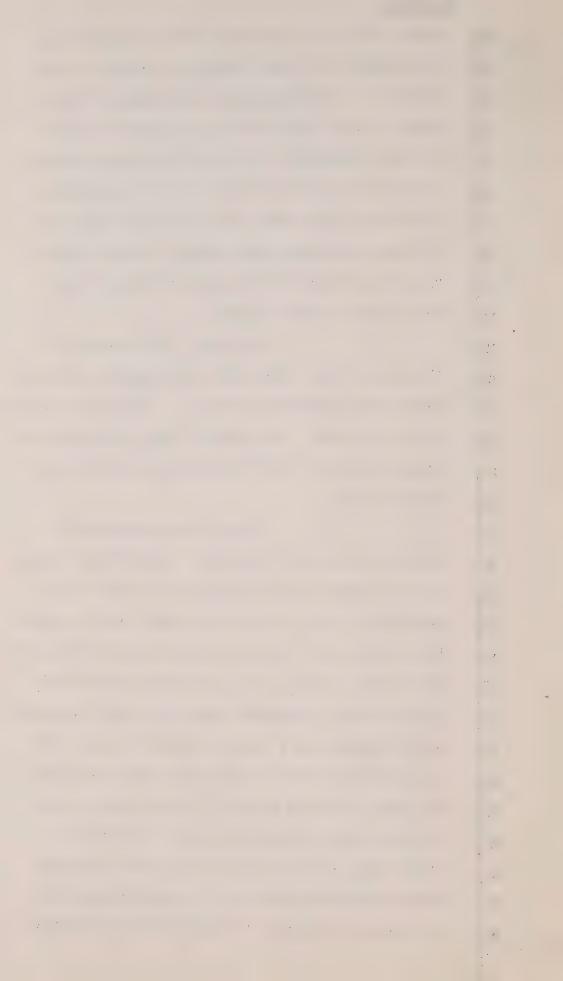
And I can give you first hand experience about the police force, and I can explain what I mean as far as I have had an occasion to -- like I'm from Vancouver, see, and you've got very nice fresh air here in Regina and the people seem a lot more friendly. They are not in so much of a



hurry. And I had the good fortune of coming here this weekend with some friends who indulge in the practice of smoking marijuana and myself, I have taken it from time to time, and I think for me it is rather enjoyable. But for the gentlemen who are sitting at the table up there, or a lot of people in here who have never tried it, how can they sit up there and govern young people? How can they sit up there and say, "Lookit, we have formed a law"? This is what I want to know.

OK, now, let's get back to the police force. There are young people, just like myself who decided they want to -- let us be realistic about this thing. You have got young people who are joining the police force. Why are they joining the police force?

Now, last night we had a going away party for a friend. He thinks he is going away somewhere, but he is not, and —— not a going away party, but —— I'm not sure what kind of a party, but we had a good time last night and it went up until about three o'clock, and I was hungry around three o'clock and so I wandered around town and I wandered up the street, and I had the occasion to bump into a young police officer and he was twenty—one years old, and I know his name but I'm not going to say his name. But, I was on the other side of the street and, well of course, I was rather happy and excited about the fresh air that you have up here in Regina, follow me? So I was singing at the top



of my lungs at four in the morning, you know, and,

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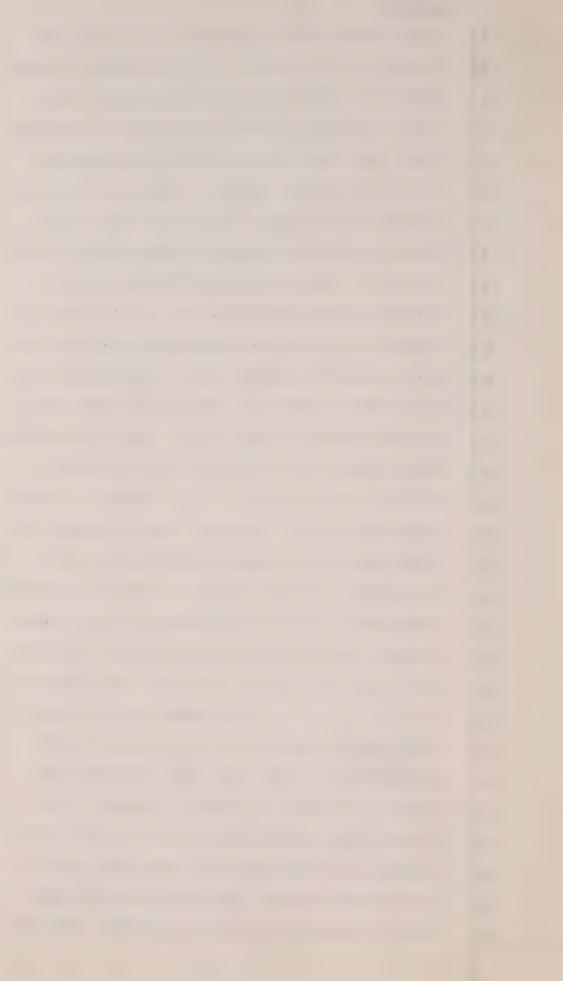
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I mean, if you did this in Vancouver they would have people that would come around and put you in white suits, you know, and cart you away, and say you were nuts. But I was singing and I was quite happy at four in the morning, because I didn't have a care in the world, and anyway, I happened to look over to the other side of the road and there was this police officer -- I thought he was an R.C.M.P. because they've got these funny, you know, fur hats here in Regina, and I have never seen them in Vancouver, you know, it doesn't get that cold in Vancouver and they have these fur hats here. But anyway, I went over and had a chat with him. I said, "What is the trouble?" And I thought, like, there was this body laying in the car, you know, like, I mean, immobile, you might say, and so I said, you know, "What is wrong?", and there were a lot of people standing around, and this poor young police officer of twenty-one, looking really lost. He didn't know where it's at. I guess he had a little bit of confidence because he had his gun in his belt, you know, and maybe that helped him. But anyway, I said to him, "What are you going to do?", and he says, "Oh, she is drunk", and I said, "Oh, drunk, where are you

"What are you going to do?", and he says, "Oh, she is drunk", and I said, "Oh, drunk, where are you going to take her?" -- you see, I thought it was his car and it wasn't, he was on foot patrol, just walking around the streets all night, just like me -- not knocking on doors, but he had a big flashlight and he'd flash his flashlight in on doors. Like, he'd



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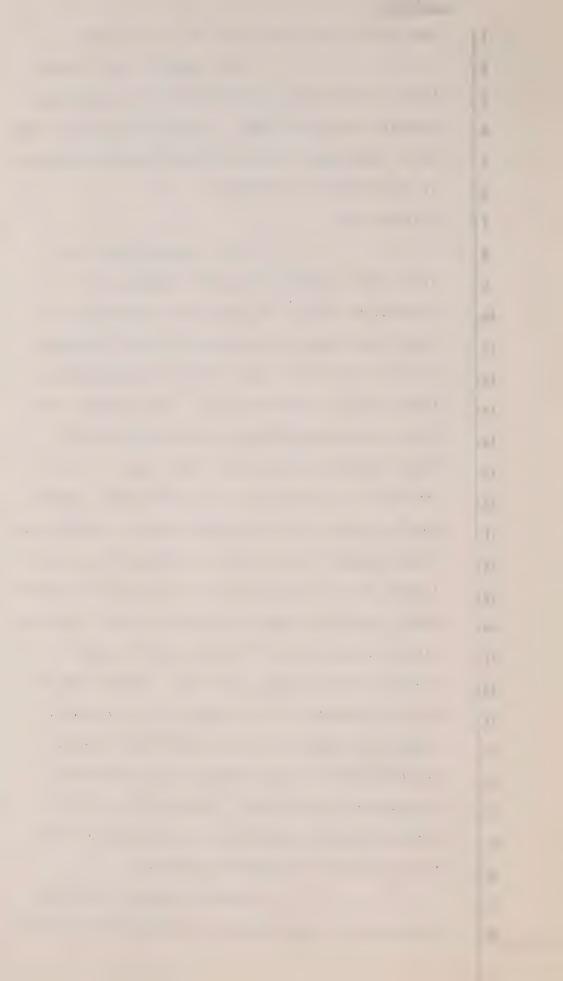
walk up to a door and check if it was locked.

Well, myself I don't think that's really very good training for a young man, checking doors all night. I think he should be able to do something a little bit more productive as far as the youth are concerned.

---(Applause).

And, I would like to go a little step further as far as -- where was I --I babble at times. Oh, yes, he is checking these doors, but anyway, the thing of it was, he seemed like he could use a hand, this poor guy standing there, and so I wandered over. But, I mean, I had been to a party previously in the evening and I wasn't feeling any pain, you might say. I had a few beer. But anyway, to get to the point, these four guys came out of a house, you know, and he said "What's wrong?", and I said at the top of my voice, I said, "Oh, this woman is drunk out of her blanketyblank ever-lovin' mind", and he said, "Well, that's my wife". I said, "Oh, I'm sorry, sir, I didn't realize that", you know. And this lady that was in the car happened to be a native of our beautiful country of Canada and a native of Saskatchewan, and they have a little different coloured skin, the natives, I understand. At least they do in British Columbia, but they are still people. And they have to be treated the same way.

And this police officer was very polite to these people, but he was upset by my



statement to this young man, because apparently they are members of a rather tough motorcycle gang here in Regina, and I was committing instant suicide by making that statement, but somehow/managed to survive it and apologized, and the police officer said, "Look"--you know, I'm sure he felt a bit scared for me, this way talking to a total stranger who would just as soon clobber me as look at me after that statement, and he said, "I'll walk you down the street".

So, we walked around for quite some time, about two hours until about four o'clock in the morning and I was expounding my theories on the stupid, ridiculous way that the police officers of his age and his rank go through this apprenticeship and I was just asking him if it was an apprenticeship that lasted for a year and he went over it twenty-four times, but he said, "No, there was more to it than that".

He said there were quite a few different fields and different spots for the police -- in other words, police do more than just walk around at night and check doors and I was quite happy to hear that, really.

THE CHAIRMAN: I think I will have to maybe think about calling on the next submission.

one other thing then, sir? I am sorry I am getting

off a bit on my story here, but what I'm trying to

say is, there was no communication between that young

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twenty-one year old police officer who was really a very nice person, and the young kids who are getting into trouble.

Now, these police officers have a position, like, for instance, I said, "OK, what don't you like about people that smoke marijuana?" I said, "What don't you like about marijuana?' You know what he said to me? "People who smoke marijuana become heroin addicts". I said, "Oh, I didn't realize that". I said, "Could you explain a little more of that?" And I said, "What don't you like about people with long hair that smoke marijuana?" And he said, "Well, they call us pigs". I said, "I don't like that at all. I don't like them calling you a pig. Because this police officer is dedicated and he is walking around at night trying to do his job, OK? And there are young kids that are hassling him and he is hassling them but not on purpose, but just because somebody else at the top has formed this barrier between a young man who is dressed in blue and a young man who has long hair and a young man who smokes marijuana, and a young man who drinks beer.

Now, we have got to do something to help these young kids, and I feel that the only way you can help a young person just getting into the dope scene, is to get some of these people who are called heads, and don't send these kids to Children's Aid and don't send these kids to Social Welfare. Send them into the head scene and



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the people who have five or six years experience using drugs and know where it is at with drugs.

Because everybody who takes drugs doesn't become a heroin addict. There are a lot of people who take drugs who are very beautiful artists and musicians, and entertainers and tremendous painters, and they have a tremendous amount to offer young people.

But I don't see that there is any communication between the guy in the blue and the guy with the long hair. That is what I'm saying. That is why I told this story.

Now, honest to goodness, in

Vancouver, for instance, there's young kids coming out

from Toronto, Montreal, Winnipeg, Regina, and they

are coming out to Vancouver in the summertime, and

they are lying around on our beaches and smoking

dope and trying LSD and trying all these other things,

and some of them are lucky enough to meet some

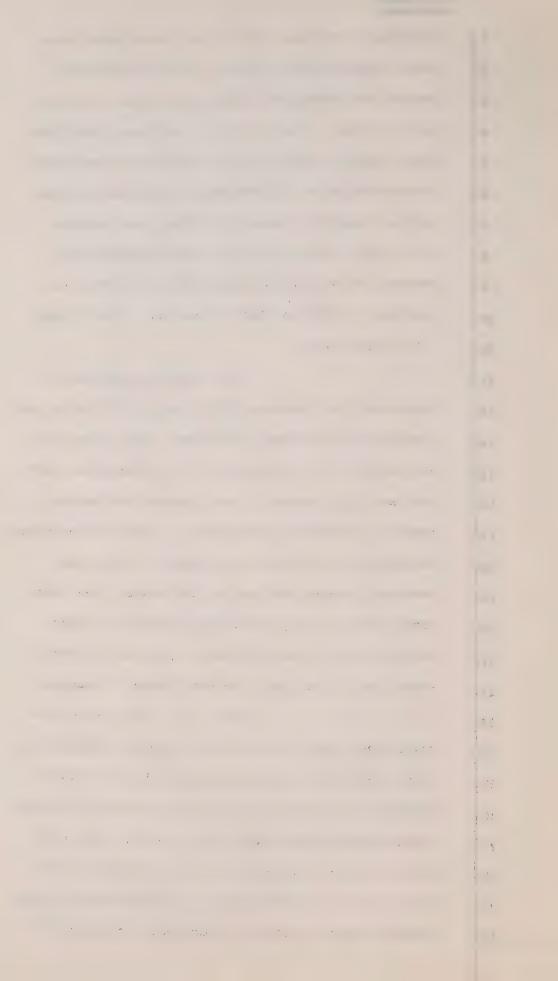
beautiful people that are called heads. And these

people try and help these young people and they

become friends, and they become part of the head

scene, which they call the head scene, I suppose.

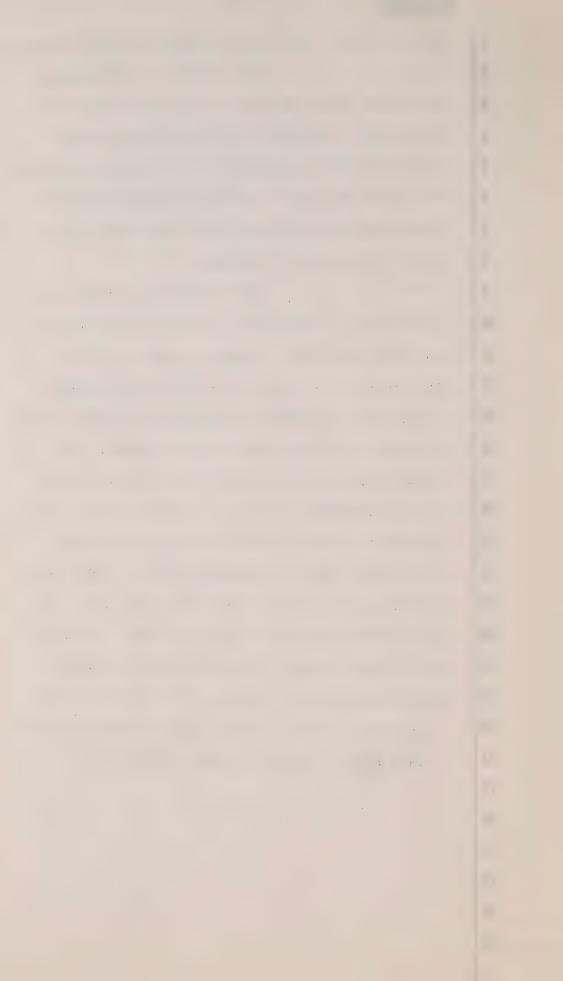
Now, I feel, why should the government spend so much money trying to rehabilitate these young kids and train people who don't know anything about marijuana to deal with kids who know something about marijuana, when you can take the kids that are just being involved in marijuana and farm them out, so to speak, in a head house, or say, communal house, where the kids could be taken in



and it doesn't cost the government or anybody anything.

Now, instead of sending that kid to the Social Welfare or send him to jail, I mean, look, there are people being charged for trafficking and possession now. Everybody who smokes out a few, why don't a hundred thousand people in Canada stand up and you try and fight them all at once? That is what I'm saying.

Now, for instance, there is just no way you can fight a hundred thousand kids who smoke marijuana. There is no way to do that. That is what I'm saying. And this is the problem, there is no communication between you people sitting up there at the Board and myself and 99% of the people who smoke marijuana, so why do you think we can get anywhere? We can't. Thereis no way. That is what I'm saying, and that is why I told that little story about the police officer. And this is very important, what he was doing last night. I'm not tearing the police department down. I wouldn't want to walk around in Vancouver if there weren't guys dressed in blue because there could be a bad scene there. People running around shooting people, raping people; doing all sorts of bad things.



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But what I am trying to say is you have got to face it, you have got to face that we are young people, we have got our loves, our wants, our desires and we have got every right to live our own way, not live in your materialistic world.

THE CHAIRMAN: Thank you.

PUBLIC: Thank you. Do you want me to sit down?

THE CHAIRMAN: I thought you were finished.

THE PUBLIC: I haven't even started. I could stand up here all day, seriously I can. There are young people in Vancouver that are dying and no one is doing anything about it, only the kids that form little organizations who go out and they do nothing except spend all their time helping young people for no money, for no financial return or gain. Now all this money that is being thrown down the god damn drain really bugs me. I mean we need some of that money. Now I run around all the time trying to raise money, you know, the thousands of dollars that we need, I spend all my time doing that. Now we need money to fight this thing and we have to get it the right way, we have to get it just like the Alcoholics Anonymous fought their trouble. Because there is a lot of good people who drank beer and there is a lot of good people who smoke dope and if you don't weed the people who don't know how to --

in other words, don't know how to look after the stuff by themselves, they need some help and who are the best suited people to help them? The people who have had five years experience who have served their apprenticeship is smoking dope and know where it is at.

Now this is a school in its own field. Now there is no possible communication between a jidge and a lawyer and a defendant who is up on a case of possession or up on a case of trafficking, no way. He doesn't even know where it is at. His views are very materialistic. He believes that to be a success in this world you have got to have lots of money. But to be a success in this world you don't have to have a lot of money, you have to have a little bit of luck, a little bit of understanding and a little bit of consideration for another human being and don't be so damn selfish, that's what it is.

But anyway I just want to get back to this young police officer. Now he is walking down the street ---

may, just say this, , speaking of consideration for other human beings.

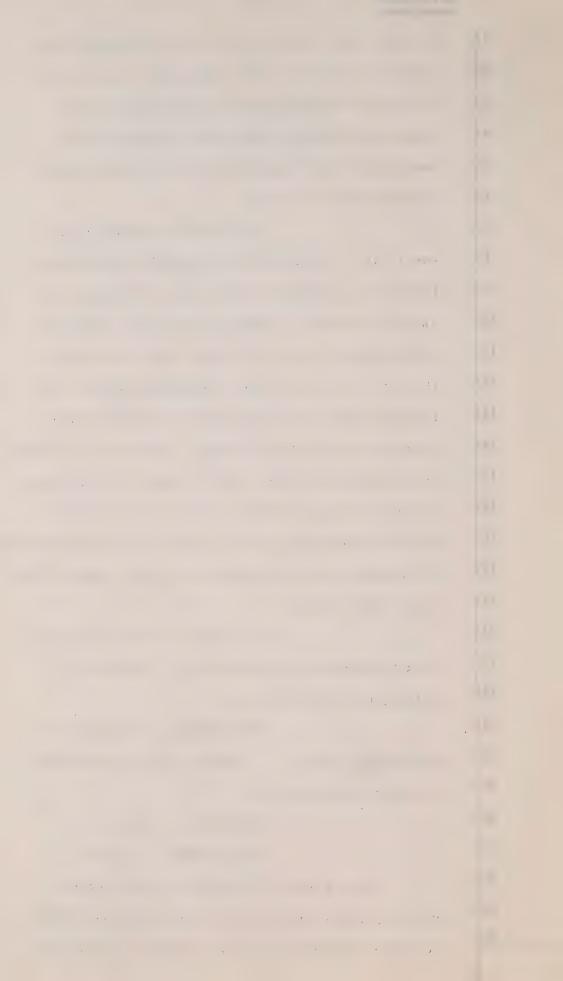
THE PUBLIC: Sorry.

THE CHAIRMAN: I think

that we should release Dr. Cohen and Mr.

Bennett, Thank you very much for your assistance.

You have been most helpful, gentlemen. Thank you.



I think I should also at this time apologize to Dr. Blewett for keeping him waiting but he is scheduled next on our program of submissions. Dr. Duncan Blewett, if he would like to take his place at the table here?

THE PUBLIC: Thank you very much for letting me speak.

THE CHAIRMAN: Thank you very much for giving us the benefit of your views.

THE PUBLIC: Thank you very

much.

DR. BLEWETT: Gentlemen, I submitted a brief earlier to the Commission, two of them in fact, and I feel the material in that was and remains important but I feel there has developed, or is developing another problem to which I wish to speak with your permission. And in order to expedite matters I have some notes here that I would like to follow.

with it very significant problems which I believe, the Commission should call to the attention various private and municipal and provincial and federal agencies. Tens of thousands of young people in their teens and early twenties are going to face the problem of unemployment. The problem will be intensified by the increasing incidence of the use of psychedelic drugs—since this is a focal point of discord and strife within families. Parents don't understand whytheir children are using

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psychedelic drugs. The media and the scientific and professional communities have spread alarm and fear among parents about the use of psychedelics without providing any idea or plan about how to turn back that tide. The present laws are unenforceable and were they enforced over a quarter of a million young people, including many of the most intelligent and creative and productive would be imprisoned for no purpose. Since jail sentences won't alter the conviction that the psychedelics are rewarding and valuable vehicles in the individual's search for meaning in his life and for self actualization, the situation will become more critical as colleges and schools end their terms. A great many young people will become transient.

Cities such as Regina must

provide for this flow of people. Failure to do so

can and will turn cities into tinder-boxes. Many,

perhaps most of the young people, will be without

food or money. Many will need medical assistance

and many will need counselling regarding psychological

problems centered around familial problems and drug

experience.

unless adequate facilities are available in Regina, and in other cities along the Trans-Canada highway, crime rates will increase, boosting police court and jail costs remarkable; causing loss to local merchants and insurance firms and introducing the possibility of violence which can scarcely fail to increase through escalating

travelling youngsters.

reprisals between police and transients.

The provisions must be made and they must meet the needs of the young transients.

In making these provisions two points are vital:

First, the counselling services must be provided by people who understand the problem. Professional qualifications are of no value in this matter.

Experience is the critical requirement for those who work with young transients. Young people from the drug community who show interest, who have had extensive drug experience and have earned the the confidence of their fellows are the only counsellors who can establish the necessary trust with the

instruct the R.C.M.P. and the City Council must instruct the Municipal Police not to harass young transients. They should no more be the target of police scrutiny than any other citizen. Further, the police must be instructed to leave the hostels, or other facilities that may be set up, alone, unless called they are/to take care of some emergency they should not enter the facility. Except in cases where hard narcotics or amphetamines are involved, no drug charges should be laid and no arrests should be made in or in the area of the facilities involved.

And I think that those two points are really vital in any program. I understand that there is a program afoot to establish hostels, but if those fail, and they can fail if



they are not handled in such a way that the young people can feel safety and can feel that there is something in the hostel situation which will be of value and will permit them to be outside the areas of danger, I don't think that they will appear on the scene. And the consequences of there not being able to utilize such facilities will be very bad for the young people and the community.

would like to stress, that the people who should actually handle the contacts with the young people are the people who know the drug scene from inside and that in each instance the police should be requested not to harass the situations involved. The past history of many cities in Canada and our own have been such that where facilities of one kind or another such as drop-in centres have been established they have been closed down after a very short time. Sometimes the city has had to re-establish them at extreme cost. Edmonton, I believe, was put in that situation. But these are the important points, I think.

matter I am sure the Commission is aware of That is the hazard of what happened in New York and the larger urban areas of the United States where the shortage of marijuana due to enforcement procedures made it possible for the people from the drug syndicates, the large operators to lower the price of heroin,



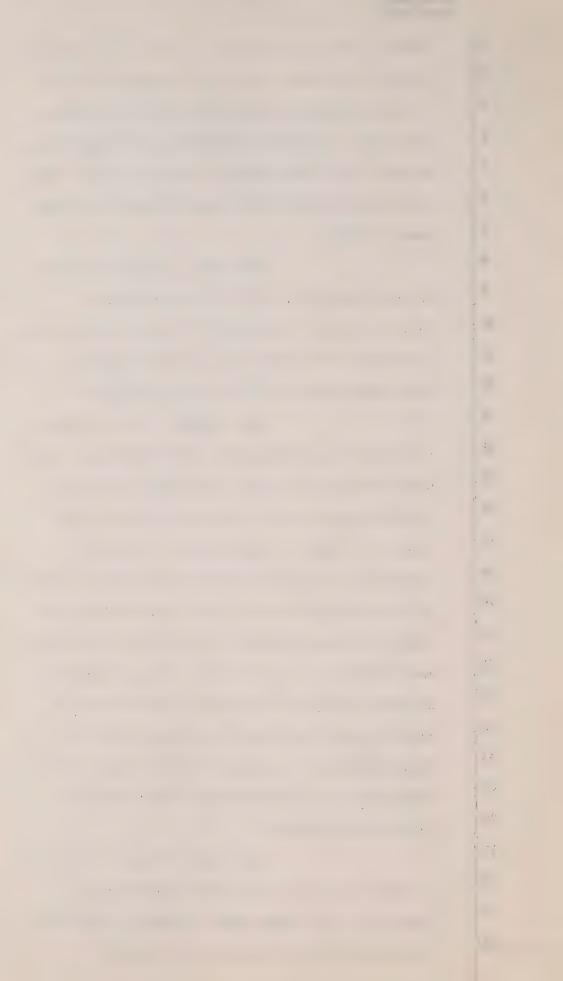
sensing a very large market, so that heroin became the most available drug in the locality and this is causing disaster and that disaster is pending over every city in North America as the same thing happens. For that reason I feel it is vital that marijuana and hashish be legalized, and many other reasons, too.

MR. STEIN: What is the basis of your assumption that the availability of marijuana would in any way cut down on the interest in heroin? You stated this as an assumption.

What basis do you have for this assumption?

DR. BLEWETT: The only basis
I have for that assumption is the knowledge I have
been able to gain through the young people that
I have encountered who have been involved with
drugs. If there is any portion of the drug
education program that has had any effect, I think
it is the fact that many young people tend to be
leery of the amphetamines, particularly methadrine,
and of heroin. Yet where the soft psychedelics
are not available, the evidence seems to be, at
least from my knowledge here gained from Time
Magazine, which is probably not the ideal source,
that there is a tremendous and rapid increase
in the use of heroin.

MR. STEIN: Would you care to comment at all on your own experience in relation to the Saskatchewan situation regarding the multiple use of drugs by young people?



In other words, we have been presented with the proposition that there really are very few young people that haven't experimented where they can with whatever is available. This is an oversimplification, but nevertheless the suggestion has been made that there really isn't quite the discriminating approach to drug use that one might believe if one listens to the argument about marijuana in a very strict sense, that in fact, multiple drug use, not that this is a causation, the point isn't necessarily made that there is a need for this to happen, but it is happening, that young people are using whatever happens to be available for kicks or for whatever reason. What kind of knowledge might you have on this?

that I have is limited and limited particularly
to the situation that we have here in the city.

Regina has not been sort of on the major trade
routes as far as the hard narcotics have been
concerned and the history of the use of hard
narcotics in Regina has not been extensive.

The people that I know, and it may be a function
of the fact that hard narcotics have not been
available, have been unwilling to use hard narcotics,
have seen them as very extreme dangers and have not
become involved . I have heard on occasion of
small amounts of heroin being in the city. I believe
I have encountered possibly a half a dozen young



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people who have used heroin. Now there may be much more extensive use than that that I am not aware of, but of all the young people that I know, I know of none of them who would use heroin if marijuana were available.

THE CHAIRMAN: Dr. Lehmann?

DR. LEHMANN: Well, along

this line of reasoning, and this is a very important issue, because of the catastrophic increase of heroin in the States, not very far from our borders, and some evidence that there is an increase of use in heroin in Canada, You reason that or you propose a theory that if a mind altering drug such as marijuana which has been used by youth for sometime would be made available then there would be no switch to heroin and that the switch to heroin in the States or possibly here might be the consequence of the fact that another drug, to relax the mind or a euphoriant and so on is no longer available. But then alcohol has been and always is available and one cannot reason that young people do not use alcohol or avail of it because it is still the most widely used drug even among young people at the highschool level.



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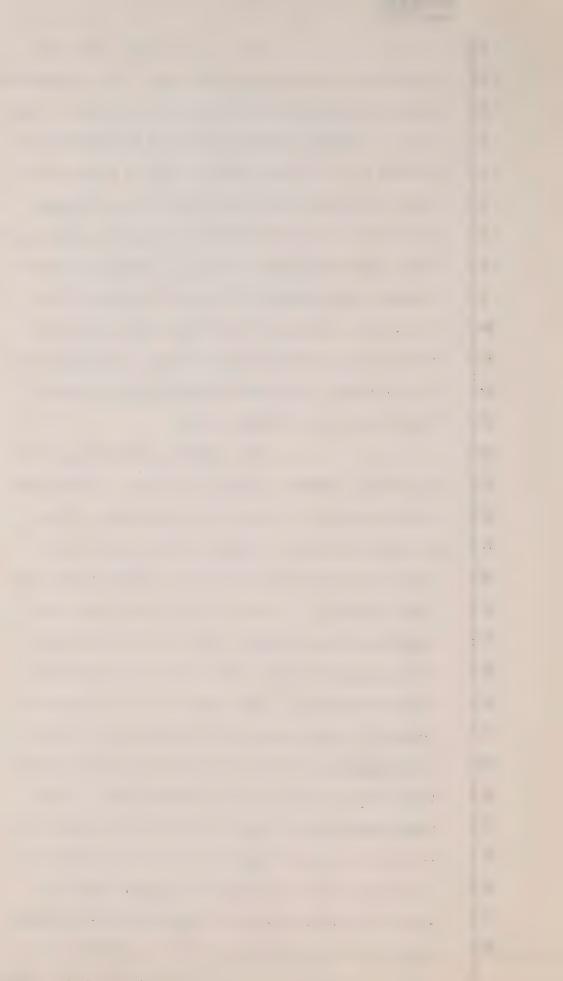
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Also, we have been told more than once by some young people that, "just as soon as marijuana will be legalized" -- if it will be, I don't know -- "as soon as marijuana would be legalized I'd get off it." In other words, there is a possibility that certain mind-altering drugs such as cannabis have attraction only as long as they are illegal, and that would mean that as soon as it became available legally like alcohol, it would no longer have this attraction, and that other drugs would be involved. And I am just wondering whether your reasoning would not hold that if we make marijuana more available, then heroin will be just as big.

DR. BLEWETT: My reasoning may be faulty. However, alcohol, I think, in some ways can be compared with the use of psychedelic drugs in terms of social incidence or in terms of the number of people who have become (indiscernible) in their use of it. I think beyond that there is no comparison, that alcohol shuts the mind out until it has become a sodden blob. But the psychedelics on the other hand -- the very nature of the term is related to the expansion of the mind, the opening of the senses to an increased and enhanced awareness. I think that one of the major problems here, it has been suggested that the use of marijuana leads on to the use of harder narcotics and in setting that up, it becomes a self-fulfilling hypothesis when the softer psychedelics are not available because young people who have developed friendship patterns, who have developed patterns of behaviour centering around





the use of marijuana -- when this is shut down, trying to seek those friendship patterns or maintain them in other circumstances, they are more likely to turn to another drug as opposed to alcohol.

The real danger, I think, is that the mis-education which our drug education programs have provided has made it now so that it is no longer easy to convince young people of hazards involved in heroin addiction, because they feel that we lie extensively to them about the dangers connected with marijuana, and this very fact has debased the credence in anything that you can say about the use of drugs.

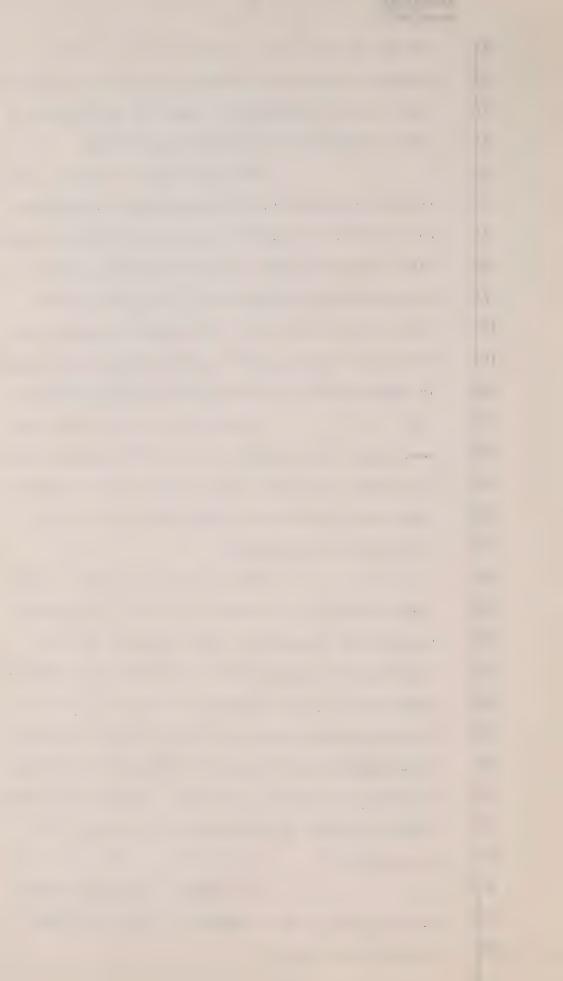
It may be that Canada faces the same disastrous increase in the use of hard narcotics.

I sincerely hope not. The one major line of defence

I see, and I believe would be effective, is the legalization of marijuana.

While some young people may say that they will not use marijuana if it is legalized, I tend to be skeptical of that statement and that skepticism is simply based on observation. I believe that there is a certain safety involved in the use of harmless substances which seem in every instance to be better than and more than adequate substitutes for the hard narcotics. In fact, they have been used in the treatment of hard narcotics patients, and successfully.

DR. LEHMANN: You mean cannabis has been used in the treatment of people involved with hard narcotics?





about three studies in that area. In fact, I think there are a few copies in the room here we would be pleased to present. There is an article in Science which deals with that problem; and one deals with the 1890's, two of them more recently in the United States, where marijuana was used to overcome withdrawal symptoms and to displace addiction to heroin and subsequently where the medication was decreased --- (portion inaudible) subsequently when that pattern was established, then the individual didn't get withdrawal symptoms in discontinuing use of marijuana.

studies -- how long did they stay off heroin?

DR. BLEWETT: Quoting, there is some difference on that. I can provide you with the article.

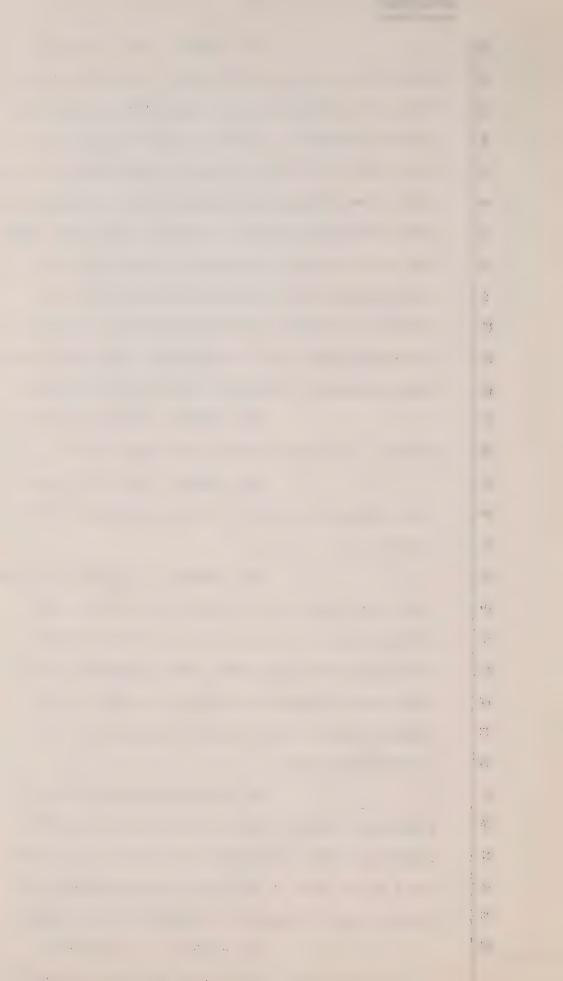
DR. LEHMANN: And the follow-up

DR. LEHMANN: I think I know them and I don't think they followed them for very long.

And the fact, of course, has to be considered that barbiturates have been used quite successfully for many years to suppress withdrawal symptoms, and I suppose alcohol could be used for suppression in various instances.

So to help somebody over the withdrawal symptoms really is not the problem. The problem is that these people later will not relapse, and I do not know of any study that has established that the use of cannabis is helpful in that respect.

DR. BLEWETT: I can provide you with the study, but I think that the important

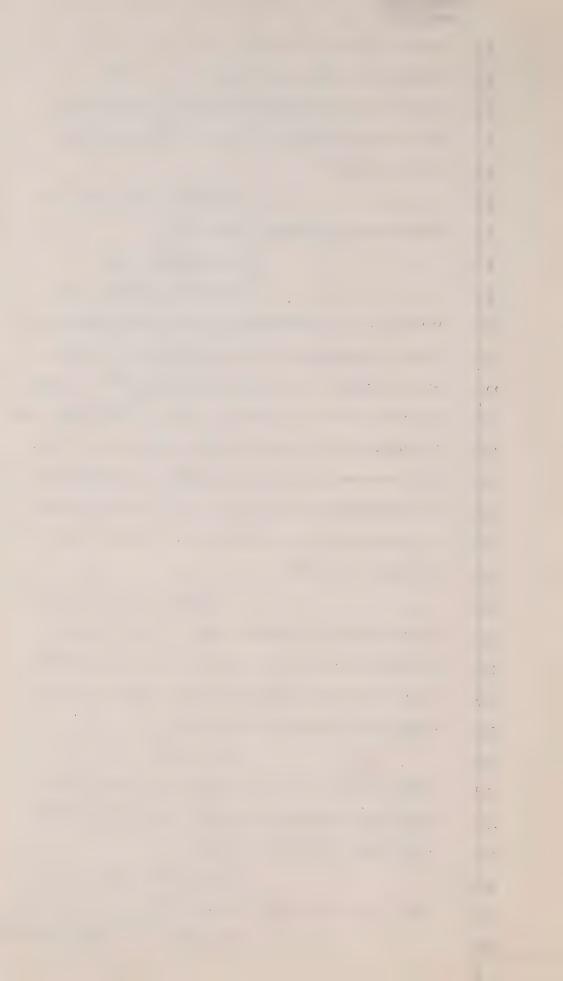


point is, the possibility, the dangers of an 1 increase in heroin addiction is very high, and I 2 don't see that stopping the supply of marijuana 3 will in any way improve that. In fact, it will 4 make it worse. 5 THE PUBLIC: May I ask one 6 more question, please? Is it OK? 7 THE CHAIRMAN: Yes. 8 THE PUBLIC: What I was 9 wondering is, we are dealing with young people, and 10 I get the impression that basically our dealings 11 are strictly facts and percentages, and I think 12 we should work it so we don't have to worry about what 13 the percentage of people staying off it is, Like, 14 for instance, you were mentioning, the Government 15 of Saskatchewan is going to start a hostel project 16 or something like a go-between or half-way house --17 you mentioned that? 18 DR. BLEWETT: No, it is not 19 the Government of Saskatchewan, it is a National 20 Work Task Force which is trying to set up hostels 21 across Canada to take care of the number of young 22 people who have been moving about. 23 THE PUBLIC: You also 24 mentioned that the way of getting to these young 25 people was working with people that were involved 26 with drugs, is that not correct? 27 DR. BLEWETT: Yes, I think 28

that is the only way it would work.

THE PUBLIC: Yes, and therefore

29



I agree with you 100% when you say it should be legalized, and I don't agree with anybody who says that people are going to stop smoking marijuana when it becomes legalized, because I think that the people who are smoking it are just taking it for what it is. It is a socially accepted thing as far as they are concerned. I think that is the way they look at it. And the kids who go off and have the trips with the harder drugs and so on, heroin and that, we have got to keep them from reaching that point, and it is, like, just for instance, would it be OK if I mentioned a place called "Cool Aid"? Are you familiar with Cool Aid?

DR. BLEWETT: Cool Aid and
Trailer are the two places I seem to be familiar
with and what I consider to be very adequate
beginnings.

of working in Vancouver with Cool Aid, and there are people there sacrificing everything to spend all their time and all their energies and finances for these young people coming from the rest of Canada, and what Cool Aid does is set up houses — like, for instance, my job in Cool Aid is to look out for housing, that is one of my jobs. And I look around, like, for instance if a house has a rent sign on it, we try to find out if it is possible to set this up on a communal basis, and then we get young people who are familiar with the use of drugs and are able to relate to these young kids.

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Like, for instance, the 1 Children's Aid in Vancouver will only deal with --2 in other words, the government will not let us deal 3 with kids under eighteen. 4 DR. BLEWETT: What luck do 5 you have renting houses in Cool Aid? 6 THE PUBLIC: I have been a 7 little bit of a capitalist myself in the last few 8 years and I have been fortunate enough by hard 9 earned money to buy three homes. I made the payments 10 and then rented out to young people, and I made the 11 mortgage payments and at the present time I have 12 about seven houses, three that I own, and four that 13 I'm leasing, and what I do to rent them is, I go 14 to the people and say, "Look, here are all my 15 credentials from the bank and my past jobs", and 16 everything like this, "and I assure you that your 17 house will be looked after", because most people 18 are very concerned about renting a home to young 19 people. They think it is going to be torn apart. 20 You know what I mean, and this is the first thing 21 that enters their mind. You mention young people, 22 and they say, "No way". 23 DR. BLEWETT: What happens 24 in the surrounding community? Do you get pressure from 25 neighbours to shut down? 26 THE PUBLIC: We get most of 27 the pressure from the police. 28

DR. BLEWETT: Yes.

THE PUBLIC: You see, the only



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time we get pressure from people is when people don't understand what we are trying to do. They think we are hippies. They think because the guy has long hair he has not got a brain and cannot to anybody offer anything else. That is the impression I get from a lot of straight people. They think, "these kids are so mixed up they don't know what they are doing", yet in essence we are getting to the nitty-gritty of the whole problem.

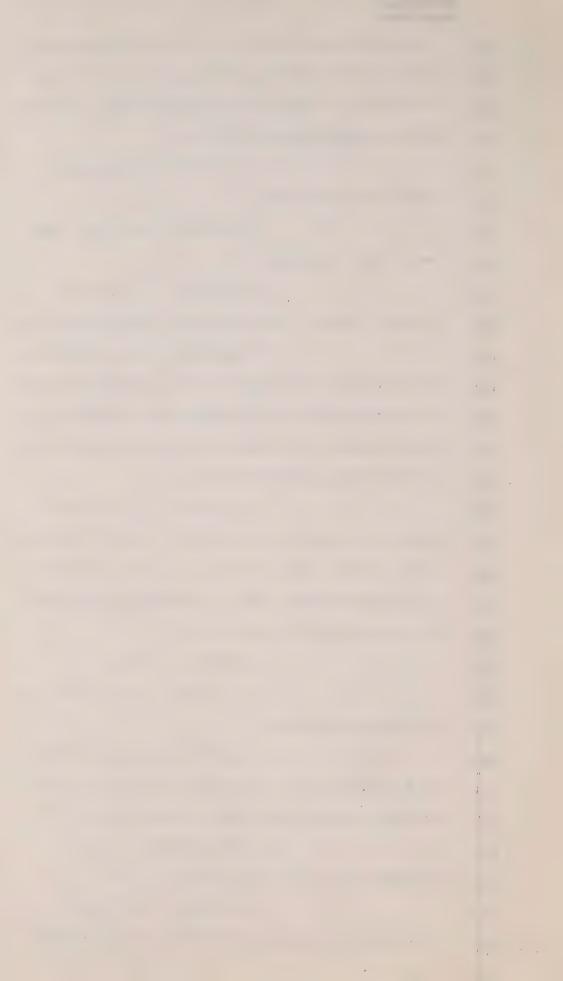
Like, for instance, to supply food for the Cool Aid houses, some of the fellows were looking after -- one baker gave us a tremendous amount of bread about three times a week and that supplied all of our Cool Aid houses, And, in other words, when kids are coming from Toronto, Regina or the rest of Canada, they happen to go to Vancouver, they need a place to say. So, if they stay on the beach in the summer, if they stay in the parks, the police arrest them and put them in jail or send them back home, or they are sent to Children's Aid, but we are lucky enough to get a hold of them. We grab them by the hand and pull them along and show them -- we don't tell them, "Now, look you've got to do this, you've got to do that". We say, "Look, you are very welcome to stay here until you find a place to live and you find a job, and if there is anything you need just go ahead and ask."

what I consider to be the essentials of any program

DR. BLEWETT: You are laying out



1	for young people who are transients coming through a
2	city. I think this represents probably Trailer
3	in Toronto and Cool Aid in Vancouver seem to be the
4	best representatives to look to.
5	MR. STEIN: Are you still
6	working for Cool Aid?
7	THE PUBLIC: Yes, sir. You
8	see, I don't get paid.
9	MR. STEIN: Do you still
10	consider yourself involved on the staff of Cool Aid?
11	THE PUBLIC: Most definitely.
12	I mean anybody who comes down to the Cool Aid houses
13	and wants to pitch in and help and do something for
14	another person is a member of Cool Aid automatically
15	In other words, they are not
16	MR. STEIN: I'll tell you
17	what was in the back of my mind, I am just interested
18	in the terms you don't have to answer this if
19	it is not possible, but are you seeking resources
20	for Cool Aid here in Saskatchewan?
21	THE PUBLIC: No.
22	MR. STEIN: You are just here
23	on a holiday, perhaps?
24	THE PUBLIC: I am not here
25	on a holiday at all. I am here on a very serious
26	matter. A very close friend of mine has been
27	THE CHAIRMAN: It is not
28	necessary for you to speak about it here.
29	MR. STEIN: I was only
30	interested in knowing whether Cool Aid was seeking





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financial and other resources in other parts of 1 the country. 2 3 THE PUBLIC: No, sir. MR. STEIN: That was the 4 reason for my question. 5 THE PUBLIC: You asked me 6 a question I wasn't given a chance to answer. 7 THE CHAIRMAN: I don't think 8 you should be asked in public why you are here and 9 I don't think you should answer that. 10 THE PUBLIC: It is very 11 important, to deal with what we are discussing, sir, 12 so far as marijuana is concerned. In other words, 13 a friend of mine, or let's say, a young man is 14 being charged with trafficking or possession. Now, 15 I am here to try to help him. 16 MR. STEIN: That is fine. 17 THE PUBLIC: That is what 18 Cool Aid does. Cool Aid just tries to do everything 19 they can, and I wanted to ask the gentleman another 20 question, if I may. 21 One of the fellows asked 22 you, for instance, have you looked up statistics 23 on that sort of thing. Don't you think that if 24 marijuana were legalized and we could communicate 25 with these young people that -- like, what do you 26 think of the idea of setting up homes, like you 27 wouldn't have to go to the government for any 28 resources. The people who smoke marijuana, the

heads, they are called heads, I think, who smoke



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marijuana, would be quite willing to take in a person. Like, for instance, would there be anybody in this room, if they knew someone who needed a house to stay in for a couple of days and needed a little bit of guidance, would they be willing to give them a house or a place to sleep, and a little bit of friendship and guidance for a couple of days? I mean, you know -- everyone is willing to help but it is the young people who want to help. And like, there was a staff in Cool Aid, we have seven houses. Now, I am not making anything materialistic --I'm sorry, would you like to say something, sir? THE PUBLIC: Mr. Chairman,

I am not against young people expressing their opinions, and things like this, but it is my understanding the Commission wants to expose itself to a maximum amount of meaningful information and it seems to me that this young chap has had an ample opportunity to share his concern and express his ideas. But I know personally that there are a number of people in this room who have a tremendous amount of information to share with this Commission and I am afraid you are not going to get it unless something is done to facilitate their participation. Thank you.

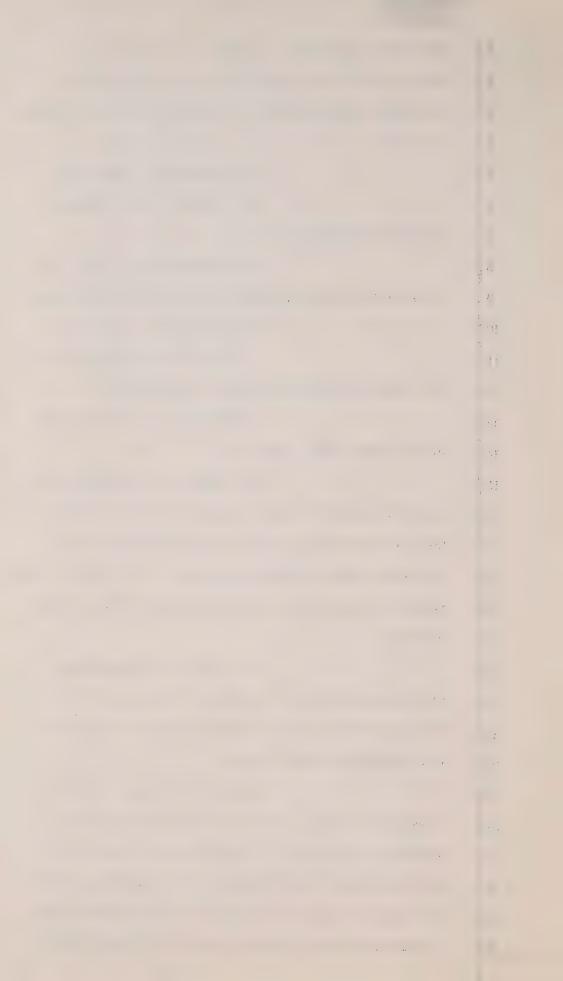
THE PUBLIC: I would like to apologize in that case for taking too much time.

THE CHAIRMAN: Dr. Blewett,

I am just trying to help, that's all. That's the only way I know how, to stand up here and ask this



1	gentleman questions. I mean, I am very new at
2	this thing, and I have seen young kids smoking
3	marijuana, and on heroin, and that's all I am trying
4	to say.
5	THE CHAIRMAN: Thank you.
6	Dr. Blewett, have you any
7	further observations?
8	DR. BLEWETT: No. The other
9	observations are contained in the brief I submitted.
10	THE CHAIRMAN: Thank you.
11	I call on Mr. Leaf Loor of
12	the Swift Current Ministerial Association.
13	Would you like to be seated
14	at the table, Mr. Loor?
15	MR. LOOR: Mr. Chairman, my
16	name is Larry Leaf Loor and with me is Walter Donovan
17	We are both ministers in a community to the west
18	of Regina, Swift Current by name. It is about 16,000
19	people in size and is situated on the Trans-Canada
20	Highway.
21	We come as representatives
22	of an Association of Ministers that represents
23	sixteen churches in the community and we speak to
24	you briefly on their behalf.
25	We have come the distance
26	from Swift Current to here, not because we have
27	anything that we feel is particularly unique to be
28	said that hasn't been heard by the Commission before,
29	but because that we felt that it was important that
30	a community such as Swift Current at least have an



opportunity to voice its concerns in this nationwide issue that is now before you.

cuously super-straight town. It is very, very up tight about drugs and very resistant to change and has a hardened pattern of rejection, of non-conformity. And yet, in spite of that we come to encourage the Commission, to encourage the government to change the laws of the country concerning marijuana in particular, and we think we represent not just the ministers of the community but the feeling of many -- a vast number of people in the community as well, and Mr. Walter Donovan of the Presbyterian Church has come with me, and would like to draw your attention to a couple of items in our brief which we would particularly like to emphasize.

MR. DONOVAN: Mr. Chairman,

members of the Commission, ladies and gentlemen, as indicated the brief is here, and I think the suggestion has been made already regarding the changing of the placement of marijuana under The Food and Drug Act so it is not a criminal offence, to the extent that it is now at least. And for those, in the meantime, before such is done, any apprehended for the offence as it is now regarded, should be, we suggest, placed on probation without being given a criminal record up to a total at least of three offences at the discretion of the judiciary, and that the offender with his or her parents receive counselling from persons with training and competence

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in the field and we would say "Amen" to the suggestion made earlier that professional training as such may not necessarily need any particular qualification for this counselling.

And one other point that we attempt to make, and I don't know how this can be particularly accomplished through this investigation, but we would suggest that the two points perhaps, the illegal production and distribution for the non-medical use of controlled drugs be punishable with the imposition of an extended prison term, not in the punitive sense, but rather that the offender might be removed from society not only for society's sake but for his own, that he may be rehabilitated for a fruitful role in society. And in connection with that, this would be perhaps outside this Commission's jurisdiction, but somehow request/the federal government initiate and implement such penal reforms as will help rehabilitation by way of spiritual and educational assistance in facing reality for those individuals facing sentences for their abuse of drugs for the use of LSD, alcohol, etc. These are the points.

THE CHAIRMAN: Thank you,

Mr. Loor, and Mr. Donovan.

What do you gentlemen feel about the role of the churches in relation to this phenomenon, both what has been done or what hasn't been done and what may be done?

MR. LOOR: I feel that we have



compounded the problem that most of the resistance to change and resentment of and hostility towards non-conformity has been reinforced by the church, and that we have to bear a lot of guilt on this matter, and we are not that hopeful either that the church is going to come, is willing at this point to play much of a role in remedying the situation. I hope that it might, but I suggest that it won't.

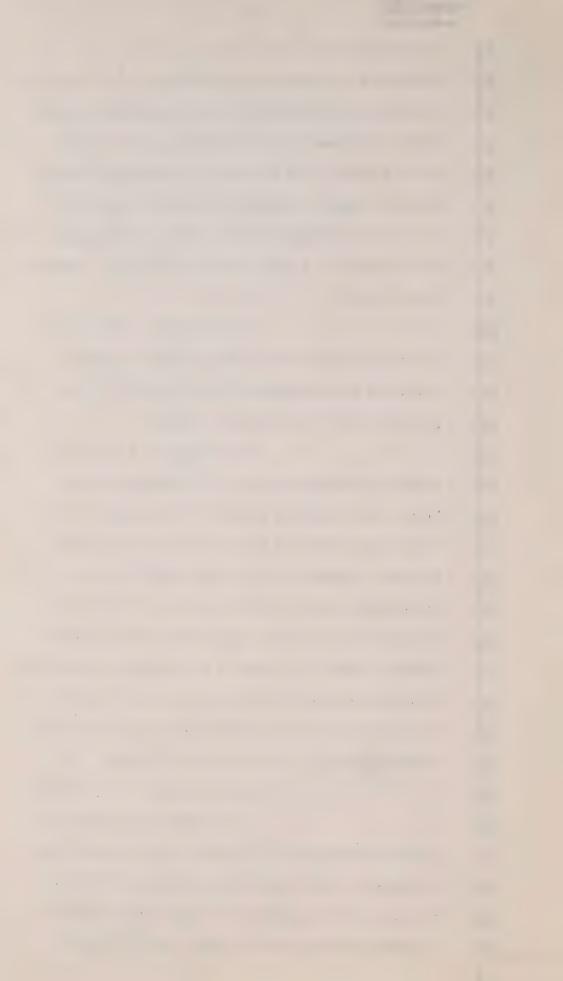
THE CHAIRMAN: Do you see any spiritual or what might be called generally religious significance or implications in this phenomena, and the related concerns?

attempt to mention this in the preamble to our brief, that the 'drug problem" is symptomatic of a deep spiritual and psychological and perhaps physical problem as well among people, and in attempting, from our point of view, to find the solution in physical things rather than in man's creator, God, that there is a very great likelihood that man is going to find his way into avenues which will ultimately defeat and destroy him and society as well as the nation as a whole.

THE CHAIRMAN: Dr. Lehmann?

DR. LEHMANN: In regard to

your last statement, I am just wondering about how
you think or feel about the statements that are
frequently made by drug users and those who have
in
analyzed the drug scene, namely that/the use of





psychedelic drugs, it can be shown that there is an increase of religious feeling and religious experiences and there is also quite noticeable for anyone in the writings and pronouncements for those who are on the drug scene, a much greater preoccupation with the spiritual matters than there has been before the psychedelic drugs came.

Now, how would you reconcile this with the statement that you just made, that there is a turning away from God?

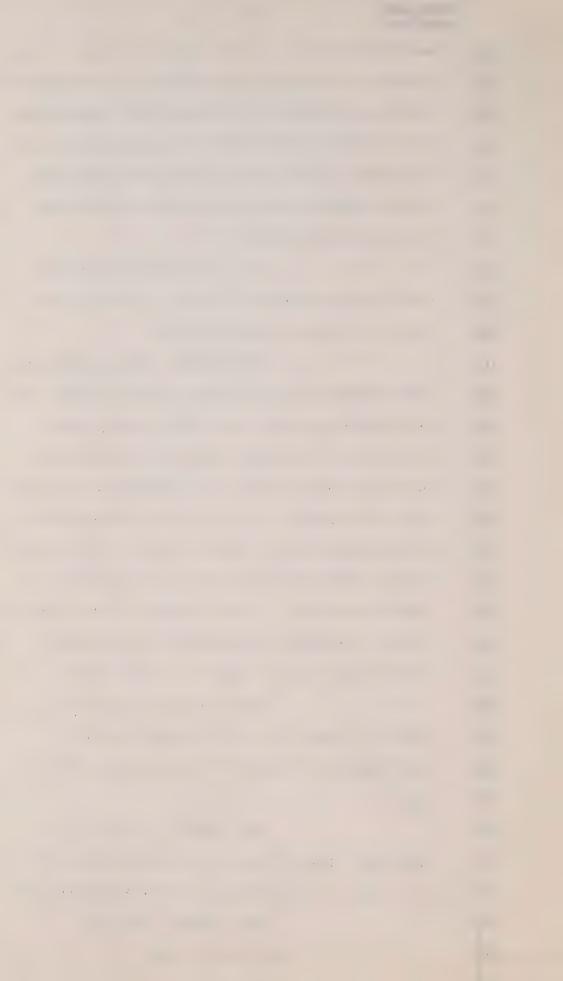
MR. DONOVAN: Well, perhaps the establishment per se has been related with God. Just as an aside, perhaps, the credibility gap grows as soon as the youngster learns that Santa Claus is not real and the church is regarded as the spokesman of the Creator, and if the young individual or any individual says — doesn't hear it, the message that he feels is the message that he must have, a kind of acceptance. If the judgment of the church and clergy is coincidal and parallel to the judgment of the Establishment, then he is turned off.

And he may find physically,
the use of drugs, what they are seeking and it
wasn't available through the church people that he
knows ---

DR. LEHMANN: It is not so much then a loss of God or feeling or seeking for it, but a loss of communication with the Establishment?

MR. DONOVAN: Yes, sir.

(Page 79A follows)



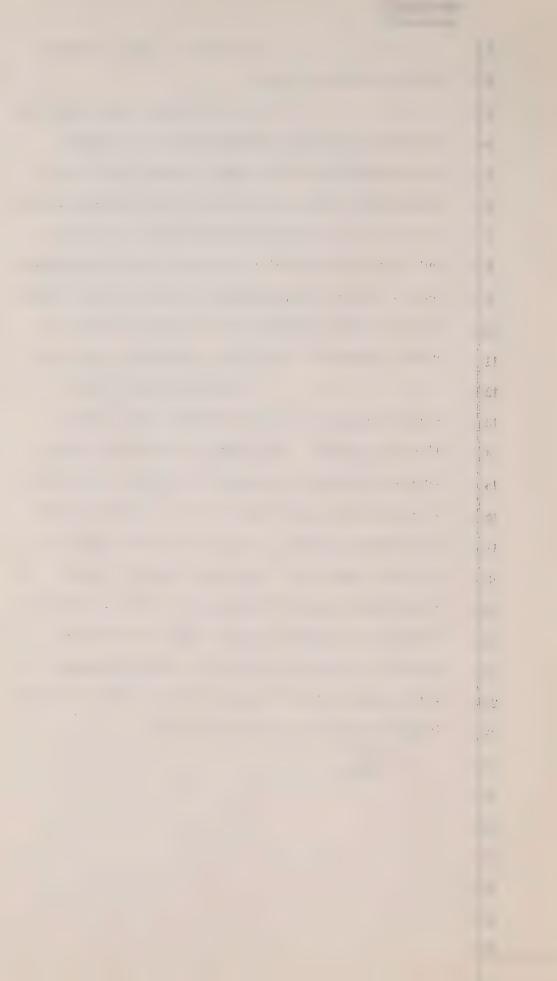
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MR. LOOR: Could I comment

on one of these things?

I would have to say that the question as to the increased spiritual concern and awareness of drug users is open, and I think people who I know who are drug users mainly realize that there has got to be some factuality to that, but I am not prepared to make any real hard judgment on it, and yet I am afraid the church is not willing just on those grounds alone, to endorse the drug usage, because it might have a spiritual spin off.

earlier about the role the church might play in the whole issue. And hopefully the Church might have an influence on community attitude, and there it could play a very major role. I think some of the straight people, at least in relationship to the drug users that I personally know, some of the straight people who have been able to establish rapport and openness towards them have done so because of Christian motivation and conviction, and so maybe on an individual basis there are things being done and we can hope for more.



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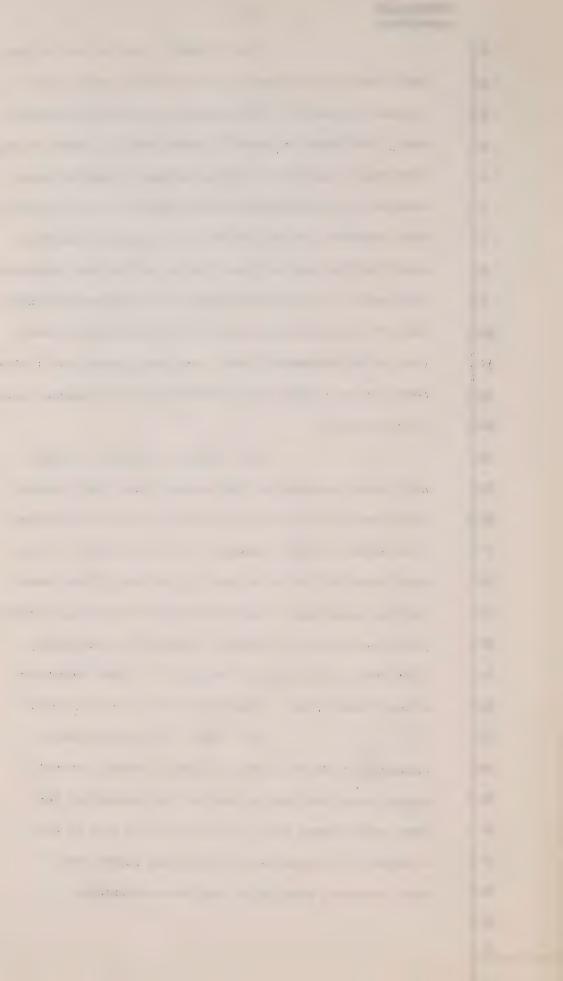
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1 And thirdly I would like to say that there is a concern for spiritual issues, for ultimate questions and exploring alternative answers among the heads in Swift Current and they want to deal with these outside of the established church, mainly because it is established and maybe for not too many more reasons. Also I think they suspect that they would not be very welcome there, within the structure. But there is this concern and this reading and thinking and talking and a spiritual kind of experience that is a phenomenon that I am happy about and I think needs to be recognized by the Church and somehow come to grips with.

MR. STEIN: In Swift Current are there programs at the present time that involve young people in trying to assist them when difficulties arise in drug useage? In other words, if you were here earlier this morning you would have heard mention made about the desirability of having crisis programs involving youthful persons and assisting them when a drug crisis occurs. Is there anything along these lines in Swift Current at the moment?

MR. LOOR: Two things have happened in Swift Current recently that I am not happy about and one is that a drug committee has been established that is disciplinary and it has a number of people on it including clergy and they gathered statistics and have attempted



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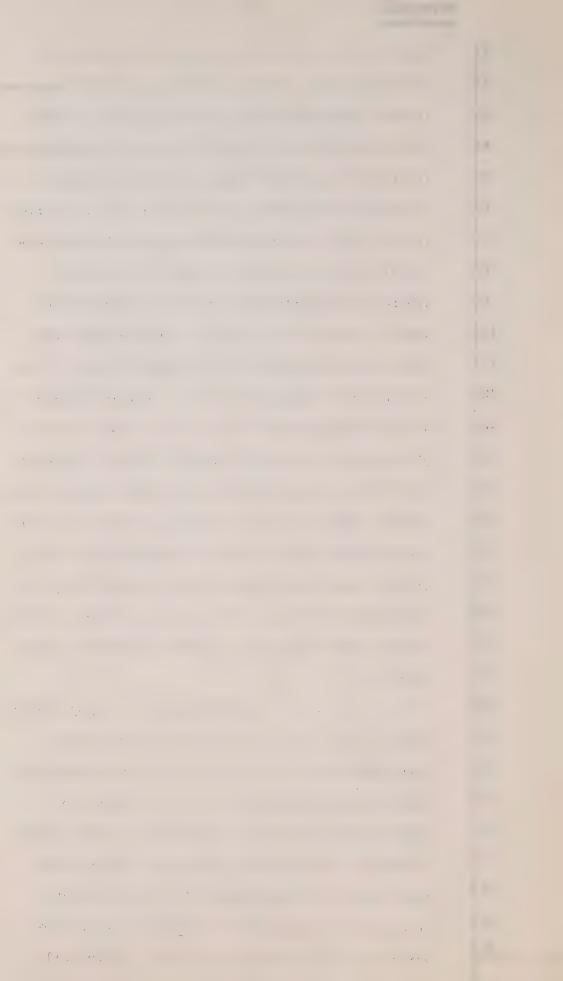
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education but not much in terms of treatment or crisis approach. One of the things that has happened is that these people say, "Isn't it nice, we have solved the problem, " because they know the Commission is around -- not the Commission but the Committee. So maybe we have lost ground and yet the other thing is that there are approachable people who have made the drug users aware of the fact that they are approachable people who have made the drug users aware of the fact that they are approachable and have some confidence and these people, some of them are doctors, some psychiatrists. But in terms of an organized approach, one of the things that complicates our situation in Swift Current is that we have a very large amount of transients moving across Canada. Swift Current is nowhere. There is a long distance from Swift Current to anywhere and a lot of them stay there and most people assume they are drug users and there is a rejection of them and this creates this situation. We have not come to grips with it.

think in this kind of community, a disciplinary committee can be set up in a kind of representative way with these people on it? Is it capable of establishing, from your observations, establishing confidence with the young people and making them feel that it is accessible? This is a problem, it has been recommended, we have seen evidence of which yours is an example, and other places and then we questioned the people and the



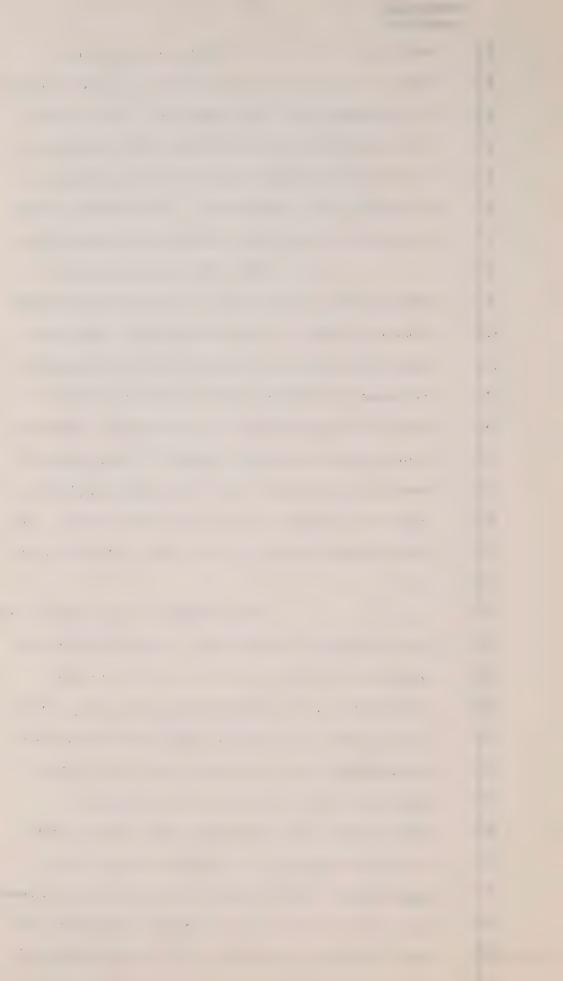
membership, how it is developed, its character.

There is a question raised that when you have touched all the phases, you have spaces left, or a lot of other people who have involvement and contribution to make including young people who are not part of an official youth organization. We have not formed

an opinion, I would just like your own observation.

MR. LOOR: My observation is that the kind of committee that has been established in Swift Current is rather impotent for other than collecting statistics because its from professional spectrums and because they have been involved in rather farcical attempts at educating the community on drug issues which has resulted in some derision from the young people and I think handicapped the committee in terms of developing relationships. But maybe we could handle it if we had a chance to re-do it.

a very difficult problem here. On the one hand you naturally feel that any such initiative is good and should be encouraged and there also seems to be a very negative thing and on the other hand we have the impression very distinctly that there must be scope for a great variety of contributions in relationship to this phenomena and a great variety in relative formality or flexibility and so on, organization. And you have the serious point it seems to me that you have sort of implied that there is a great desire to co-ordinate and to bring emphasis on this, I understand, but there is possible danger that



you create a kind of focus, a magnetic centre to the whole thing which tends to be thought of in the community as "the" thing of the phenomenon, the only thing, the authoritative thing, and one wonders if that can have a kind of a foreclosing effect or discouraging effect on that type of organization.

This is a problem which we are trying to think through.

MR. LOOR: People I know, adults, straight people relating to the drug community in Swift Current are not really deterred by the existence of an official drug use committee. I don't think it is really a handicap, but they just go their separate ways.

THE CHAIRMAN: So that you think that on balance, this community representative or community representation should be encouraged as a useful role?

MR. LOOR: Right, but do not expect that much from it.

THE PUBLIC: Could I ask a question?

I am a social psychiatrist

by profession. Most societies maintain themselves

through having some sort of respect, special respect

for the authorities in that society. I was wondering

if any of you feel that the present illegal status

of marijuana, what does this do towards authority

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in society, just in your personal observation?

MR. LOOR: The last sentence?

THE PUBLIC: Yes, what do you

think is the effect of the illegal status of
marijuana on the attitudes of young people who
smoke marijuana? What is the effect of this on
authority in society? It could be religious, but
I'm thinking more of legal authority, or authority
in general -- respect for the society. I am
interested only in your own personal observations
on this.

MR. LOOR: Well, because maybe

I know a large percentage of the drug users in

Swift Current to begin with, they are troubled by

the hypocrisy regarded as typical of the straight

world which they are not happy with. But in terms

of affecting their behaviour as a result of rejection

of authority because they see this as an abuse of

authority, and a hypocritical kind of law, that is

not necessarily valid. I don't see the legalization

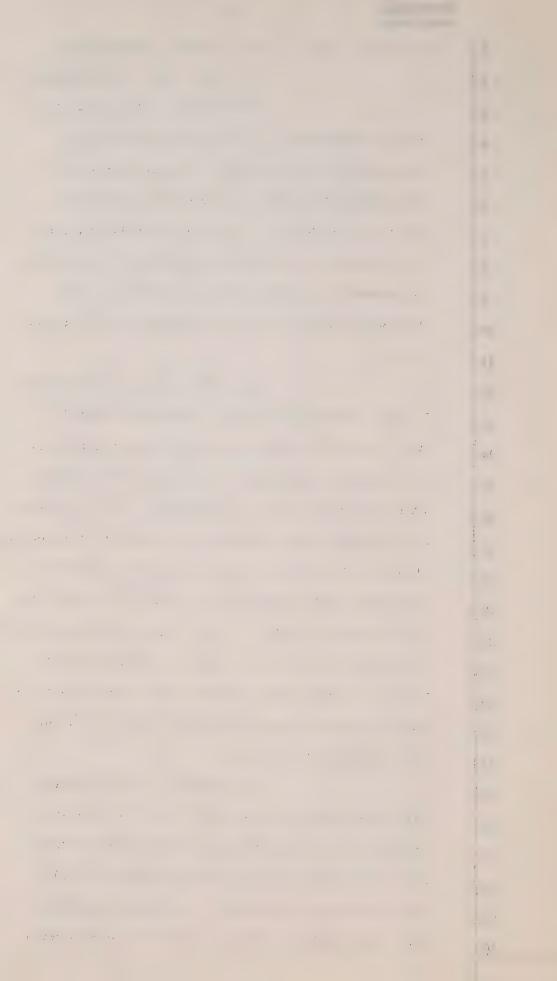
or illegalization of marijuana as really having

much of a significant effect on how they behave —

maybe in terms of what they think and talk about,

not in terms of behaviour.

with thegentlemen at the table, and I'm speaking on behalf of George Barron of the Salvation Army, but we have been involved with alienated people for some hundred years and (portion inaudible) and I have made a study of this and I concur with



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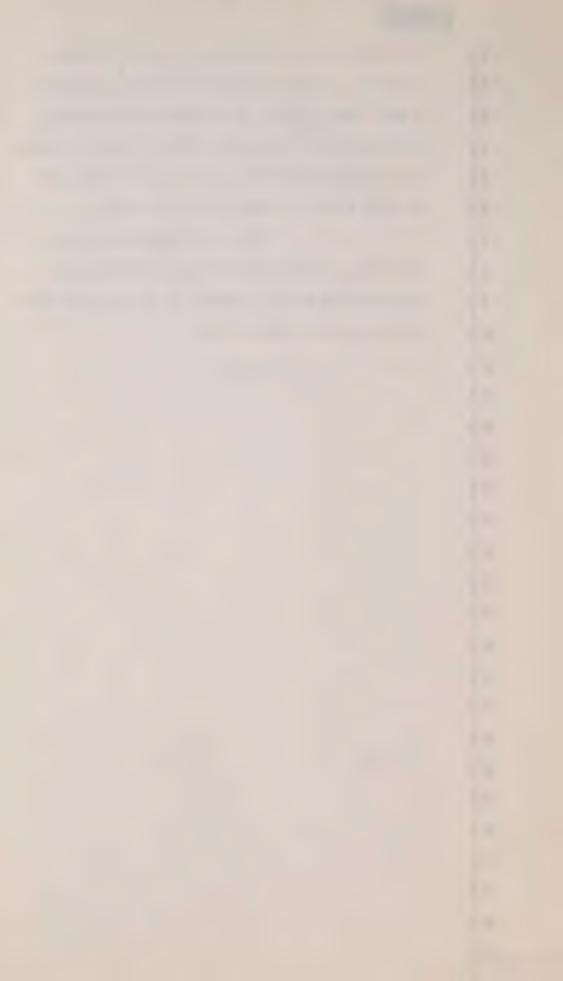
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predecessors, our parents and many people still attend to in fulfilling needs through involvement through the churches, and this applies perfectly well to the comments that have just been made.

Speaking to the use of marijuana and psychedelic drugs and relating back to the churches and relating back to Genesis where it says that the problems that we are faced with at times seem to stem from the time of the Garden of Eden and the fruit of the Tree of Knowledge, of good and evil. It seems to me that the generation which I feel a part of, the people who use marijuana, have found the means that fulfills for us and begins to help us to see that there is a way of transcending the dichotomy of looking at the world in terms of black and white, good and evil. It seems to me that the solution, the resolution of our problems is going to come through the synthesis, an organic synthesis and awareness of our total interrelation among all of us here, among us as a human animal and between us and our environment, and organic and dynamic relationship which is sympathetic or not split apart into polarities of good and evil.

a religious problem that the organized churches
and the organized governments not only have up till
now avoided the real problems, but have set a
number of barriers in the way of those of us who
are looking for our own lifestyles, development of

1	new lifestyles, development of a way of living,
2	I, myself, in relationship with those around me,
3	to see human beings, to transcend what society
4	that has taught us / and we must look at things in terms
5	of good and bad. And that is the way of looking at
6	the drug scene: in terms of good and bad.
7	But, I am suggesting that
8	there is a new orientation that is rising, a
9	generation of people, whether or not they are using
10	marijuana or any other drugs,
11	page 88
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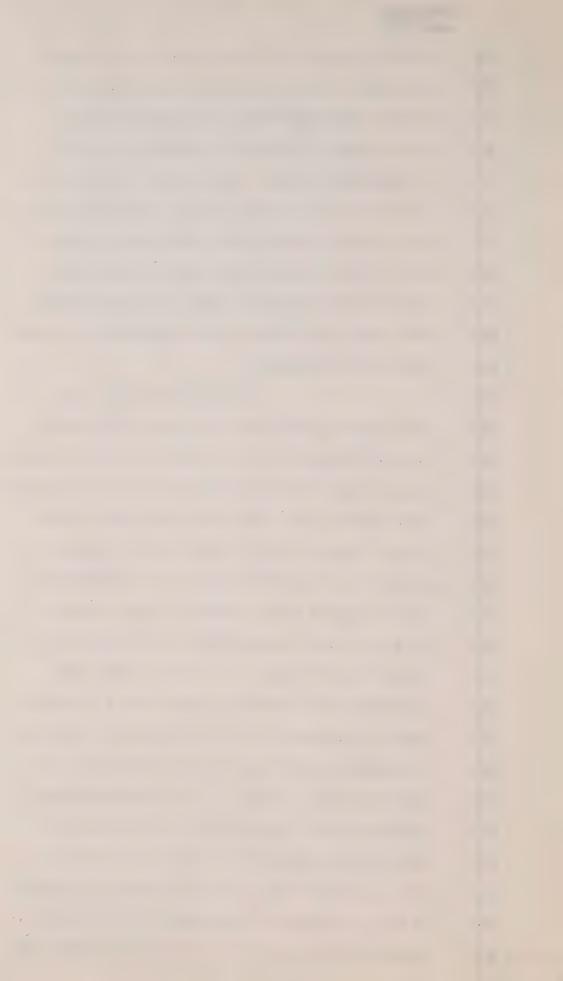
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and that the great religious teachers everywhere have taught that it is through the transcendence of these polarities that we can begin to reach even in terms of Christian literature to return and regain the Garden, "Here we are. The earth is a garden and if we spend all our time dealing with false issues instead of the real issues, we are going to lose our own lives along with all other lives." That is what the young people are talking about today, and I am sure the Commission has heard this from other people.

It seems to me that the legalization of marijuana in itself is not going to solve the problem in relieving us of a lot of the hassles when it is quite evident that the legalization would probably come about when the tobacco and/or alcohol, and/or chemical companies feel fairly certain that they have control of the distribution. And as happened with a number of other products, and part of the farm problems on the prairies here, is that there is such control over seeds 'that the farmers are completely locked into a corporate capitalist system. And the legalization of marijuana in considering the legalization of marijuana, the Commission must consider -- must somehow maintain the importance of restraining the involvement of the existing corporations in getting ahold of that. In other words, those of us who are involved in what is called the drug scene want to maintain control of not only our own lives but the food, the



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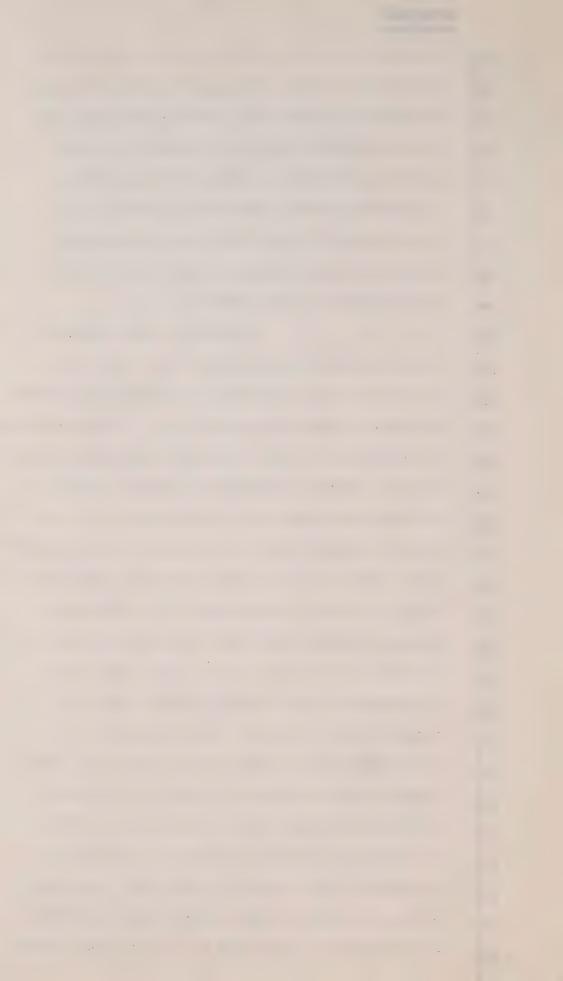
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resources that are available to us. One of those is going to include, must include, seeds; not only food seeds but seeds of a certain plant which has been considered sacred by some people, has been considered medicinal by some people and will be corrupted as tobacco has been corrupted so that so many people's bodies have been polluted by a plant which was originally a sacred plant by the native peoples of North America.

THE PUBLIC: Mr. Chairman, using the church as an analogy, isn't the real challenge to your Commission, to a government agency involved in community education, in health services and this kind of thing; and isn't the problem really, "How do I keep my grandmother's feelings secure and happy and taking care of her needs, and at the same time taking care of the needs of the adolescent?" And it seems to me our community puts a tremendous amount of stress on the needs of the adolescent, special programing, the unique learning situations and this kind of thing, but we seem to have made the assumption that once/man becomes twenty-one years of age, that he no longer has needs and difficulties and the need for the learning of rare experiences and this kind of thing. And whereas the church has come out with a new theology that is challenging some of its youth, it knocked my grandmother right on her can and when I went home at the Christmas holidays I had to spend a considerable amount of time with her at the United Church



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Nursing Home, reconciling with her the fact that, well, now, because they are saying God is dead, it doesn't mean you have wasted sixty-five years, so I feel that as a person involved in this area, that the Commission should be asking itself not just, "How do you take care of the needs of the individual in terms of responsible legislation and programming, and things like that, but, rather, "How do you change the whole community climate that is going to be conducive to a better level of mental health for everyone, and a greater willingness on behalf of, say, for example, people to consider other people's points of view ?" I mean, do people basically negotiate for positions of security or do they negotiate for positions of insecurity, and if the hypothesis is correct that people are secure they are willing to change and look at new possibilities, then I think this should be the target area for community education programs for the church and different things like that.

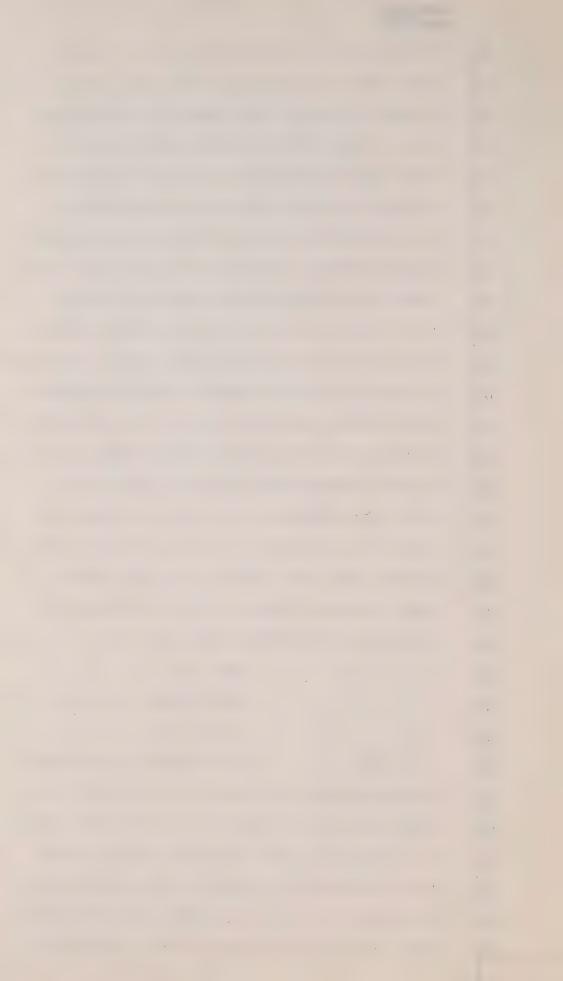
Thank you.

THE CHAIRMAN: Thank you.

Mr. Donovan?

MR. DONOVAN: I would agree

with the speaker over there that we all want to be really full, 100% members of the human race. This is, I think, in basic terms what everybody wants, to be recognized as a member, fulfilling his role as a member. And the only problem with that is me; that I find I am my own worst enemy in this, and I



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suspectI have a lot of company in this regard.

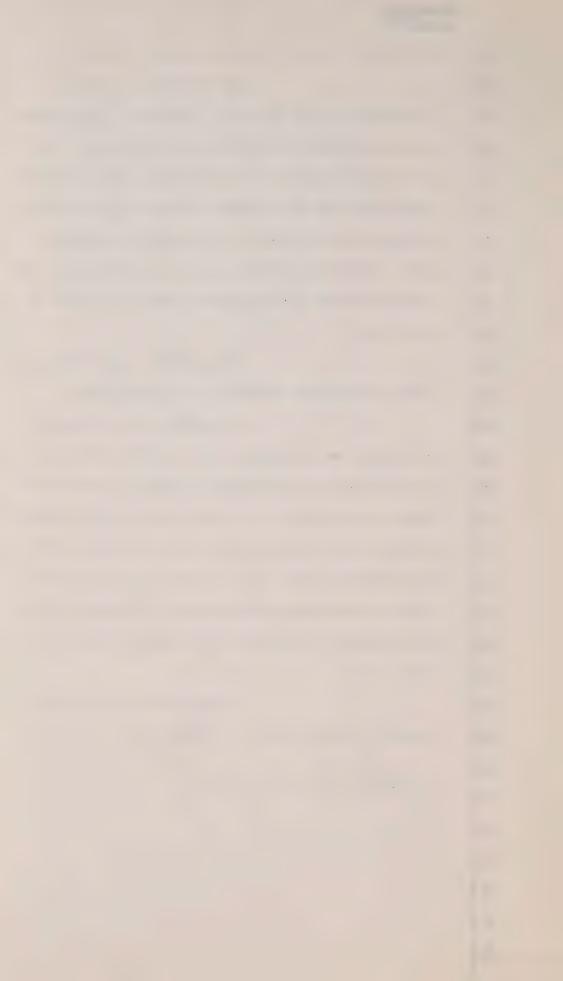
And the answer is not in eliminating all of the no's. I think in the growing up process there is a "yes" and a "no" involved, and it is our view that at the present time, along with the request that we urge further research, and this has been made several times this morning, we request that at the present marijuana be not legalized. We do not see that it would perfom a positive result at this time.

THE CHAIRMAN: Are there any other questions or observations at this time?

We probably should adjourn now because we are going to the Regina campus of the University of Saskatchewan from 1:00 until 2:00 where we will have an informal hearing with students in Room 37 of the Classroom Bulding, and we will resume here at 2:30 this afternoon where we will hear from the Board of Education, the Regina Public School Board, and the Regina Collegiate Institute and others.

I think we will declare this hearing adjourned until 2:30 here this afternoon.

--- Upon adjourning at 12:15 p.m.





--- Upon resuming at 2:40 p.m.

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THE CHAIRMAN: I apologize for being late, ladies and gentlemen. We have just come from the University of Saskatchewan where we had a very spirited, stimulating meeting. Excuse us for being late, and thank you for your patience.

Now, I call upon a representative of the Board of Education for the Regina Public School District No. 4 and the Regina Collegiate Institute. Is it Mr. Knoll?

DR. McLURG: I am Dr. J. A.

I am the Chairman of the Board of Education, and I wish to introduce Mr. William Ewart, who is the Senior Manager in Special Education, who has done most of the work in preparation of this brief. I will ask Mr. Ewart to make the submission.

THE CHAIRMAN: Thank you.

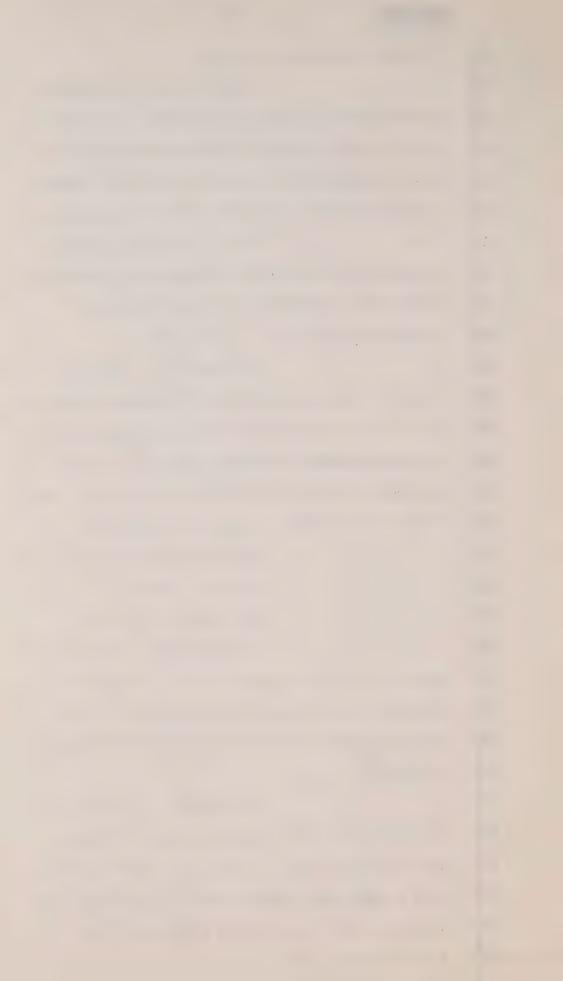
Is it Mr. Ewart?

MR. EWART: E-w-a-r-t.

THE CHAIRMAN: Could you just

explain to us the jurisdiction of the Board of Education for the Regina School District No. 4? What proportion of the public school jurisdiction is that?

DR. McLURG: The Board of Public Education for involves students totalling approximately 24,000 in the City of Regina, and we have a comparable separate school system which is actually managet by two more Boards, and I am just not certain of





their total student population; I believe it is in the neighbourhood of 14,000. I'm not absolutely sure.

THE CHAIRMAN: Thank you.

MR. EWART: Today might be considered the "age of drugs". There appears to be a pill for almost every ailment, real or imaginary. Advertising makes its appeal. In a current Canadian magazine, approximately 30% of the advertisements were on tobacco or alcohol. The mass media have publicized and exposed the use of drugs and abuse of drugs to the public to the extent that young people have a "sophistication" about drugs based both upon fact and fancy. This exposure has implications for all of today's youth. For this reason, the Regina Board of Education wishes to acquire information, materials and ways and means to understand and assist those involved in the

Thus, while The Regina Board of Education realizes that the non-medical use of drugs has implications in all areas of society, it is concerned primarily in this brief about the roles and responsibilities the educational system should be assuming.

non-medical use of drugs.

For some time the Regina

Board of Education has been aware of the non-medical

use of drugs among the school age population.

Incidents have been reported and acted upon by

the social worker, the attendance counsellor,



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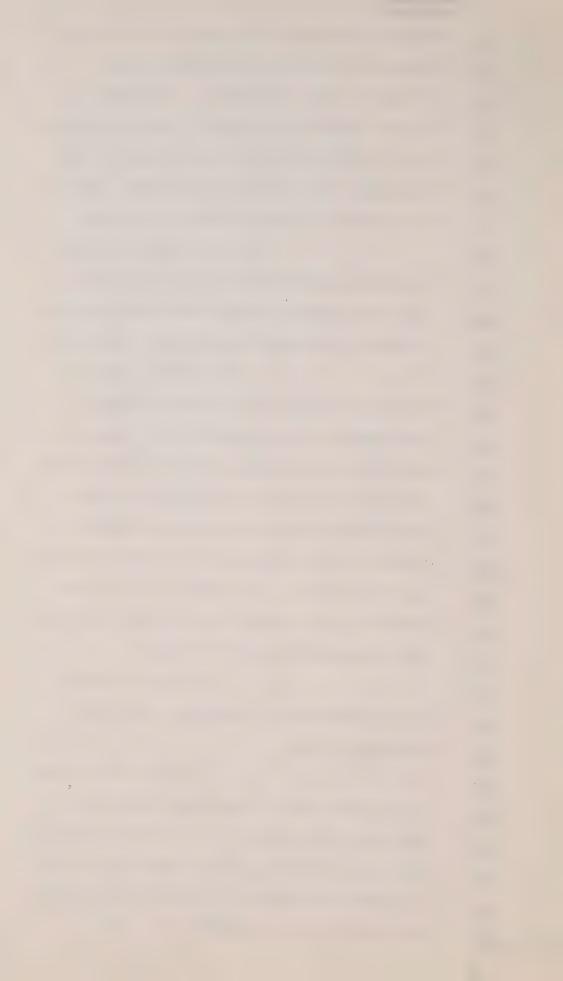
guidance coxnsellors, and teachers and administrators of various schools, elementary and
collegiate, within our system. Substances such
as glue, marijuana and LSD are a few of the drugs
that have been used by the young people. Much
concern has been expressed by personnel over the
very young age of many of these young people.

With the awareness of the non-medical use of drugs among the school age population, several measures have been undertaken in Regina to cope with this problem. These are:

1. The Regina Board of
Education, together with The Regina Separate
School Board, the city public health nurses and
the Alcoholism Commission of Saskatchewan formed
a committee to explore the possibilities of a
drug education program in the Regina schools.
Included in this committee were students from the
city high schools. This committee has explored
avenues for the introduction of a drug curriculum
into the secondary schools of Regina.

2. A three-day conference on drug dependency for counsellors and health educators was held.

a curriculum committee was established which developed a curriculum on drug dependency. This curriculum is presently being taught and evaluated in a Regina high school to test its effectiveness and relevance to young people.





	*REPORTING SERVICES
1	4. A research project is
2	currently being carried out by the Alcoholism
3	Commission of Saskatchewan. It is designed to
4	determine the extent of the use of all kinds of
5	drugs among students of the secondary schools
6	plus being a study of attitudes, motivations,
7	educational achievement, and socio-economic variables
8	that influence the use of drugs among this group.
9	5. Numerous expert speakers,
10	audio-visual presentations, and meetings have been
11	conducted with teachers.
12	6. Several schools have
13	devoted staff meetings to the non-medical use of
14	drugs.
15	7. Health classes, group
16	guidance sessions, and other classroom presentations
17	have been made to students.
18	8. Community involvement has
19	been very much in evidence. Television and radio
20	programs, a presentation of films in the city parks
21	and school grounds for young people during the
22	summer months, are only a few examples of the

community involvement.

9. Interagency co-operation is another of the measures undertaken. The Regina Board of Education's personnel have worked in co-operation with the City Police Department, the Department of Social Welfare, the Alcoholism Commission of Saskatchewan, and many others.

The above represent only a few

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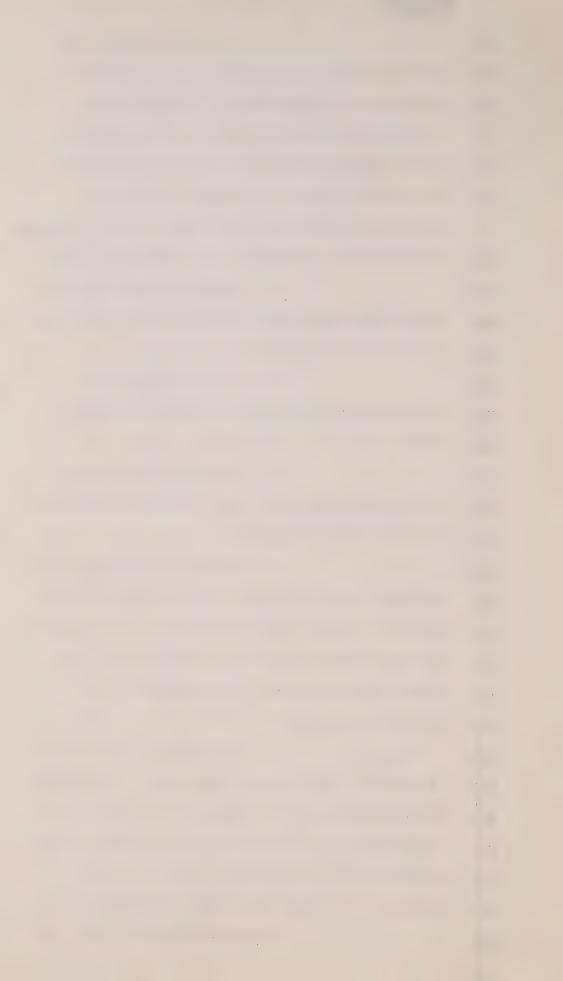
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of the measures undertaken. However, they do point out that there is an awareness by the Regina Board of Education and the community of the non-medical use of drugs among the school age population.

The Non-Medical Use of Drugs

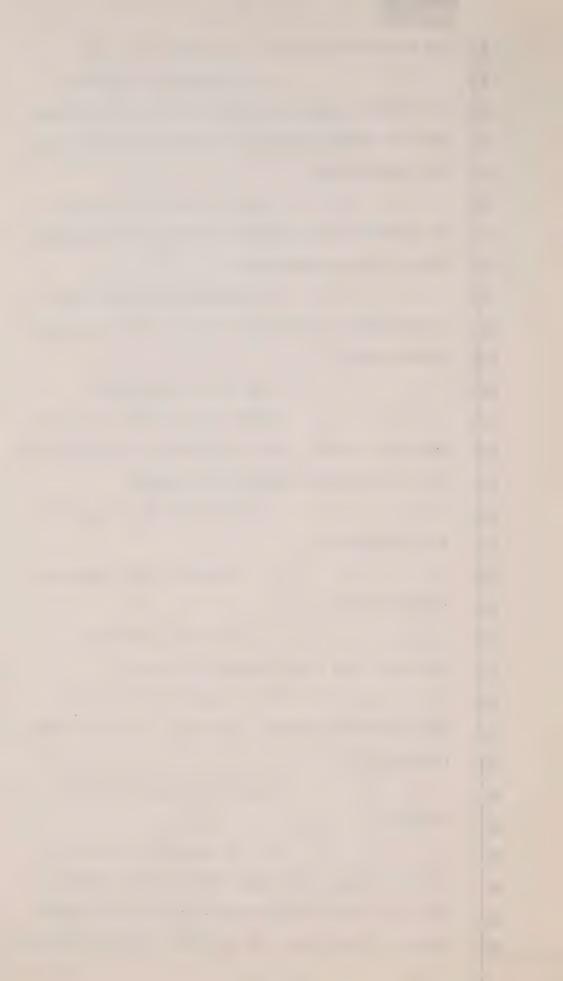
A Cursory Examination:

applied to drug misuse -- whether a person has an addiction, an habituation, a physiological dependence, or a psychological dependence to a drug -- is important in communication with young people, as each of the above terms indicates a relative degree of dependence. In addition, young people are quick to point out that society today has many dependency problems both related as in alcohol and tobacco, and unrelated as in growing dependence in our society on psychiatric and psychological help through drugs. Thus, they question our questions, and we as educators must be prepared to cope with this and to supply reasoned and logical answers to their questions.

They ask whether drug dependency is a greater problem than the other dependency problems of today's society. What are the real risks involved in drugs, especially the so-called "soft drugs" such as marijuana? Are there scientifically and psychologically sound answers to this question? Thus, they question whether there is a use of such a drug as marijuana without an abuse. In broader perspective, it appears that one of the issues concerning young people is whether marijuana should have the same acceptance

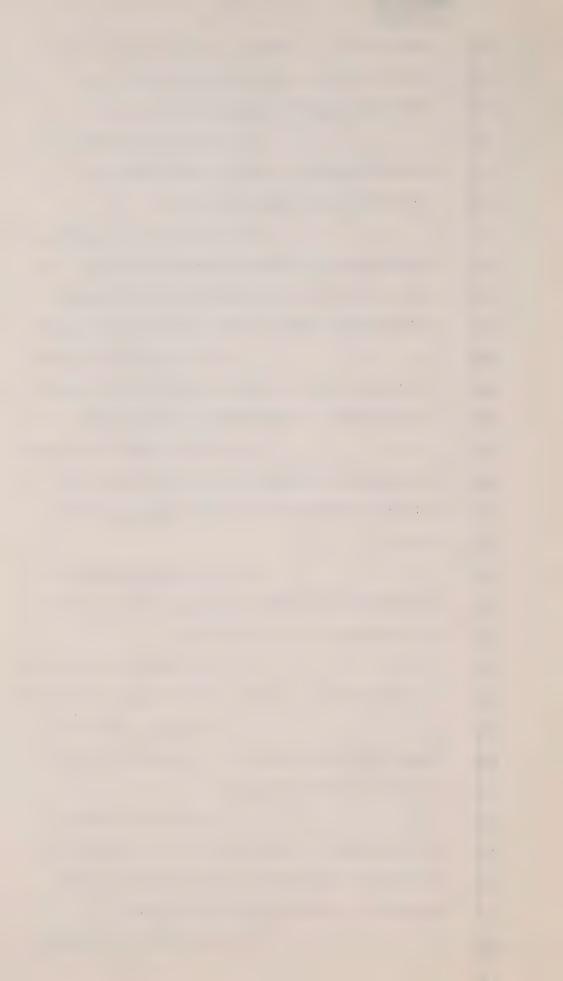


1	in society that alcohol and tobacco now have.
2	Is our emphasis misplaced?
3	Is there too much concernover the use of marijuana
4	but not enough over the use of alcohol, barbiturates
5	and amphetamines?
6	Are our present laws unjust
7	or outmoded? Many youth are asking for a re-exami-
8	nation of our present laws.
9	As educators we must be con-
10	cerned that we can supply answers to the questions
11	raised above.
12	The Role of Education:
13	What, then, is the role of an
14	education system? There are several responsibilities
15	that an education system cannot assume:
16	1. It cannot be the panacea
17	for the problem.
18	2. It cannot assume parental
19	responsibility.
20	3. It cannot operate in
21	isolation from other elements of society.
22	4. It cannot "solve" the
23	drug dependency problem, for this is a many-faceted
24	problem.
25	However, it can attempt the
26	following:
27	1. It can present a program
28	to its students. It must, however, be a program
29	that goes beyond the problem of drug use and abuse.
30	Rather, it must deal with the whole area of dependenc



1	and involve all areas of the curriculum the
2	natural sciences, the social sciences, the
3	humanities and the fine arts.
4	2. It can provide for young
5	people someone with whom to communicate in a
6	professional and open manner.
7	3. It can provide facts and
8	information to students, provided that these facts
9	are in tune with the current research findings
10	and provided there is research to find the answers.
11	4. It can provide the means
12	for young people to obtain help from other commu-
13	nity agencies if such agencies are available.
14	5. It can provide a "climate"
15	for learning, provided that educators have the
16	methods and materials for such learning to take
17	place.
18	6. It can help the youth to
19	establish constructive and acceptable alternatives
20	to the non-medical use of drugs.
21	7. It can provide information
22	to parents based on the current findings of research
23	8. It can be a "clearing-
24	house" of information for all agencies involved in
25	dealing with young people.
26	9. It can provide methods
27	and approaches to school personnel in dealing with
28	all aspects of drug dependency problems through
00	providing in-service training programs.

10. It can examine the values



1	of our society within the context of all curricular
2	offerings and develop goals and behavioural out-
3	comes for our youth.
4	ll. It can co-operate with
5	other community agencies.
6	The Regina Board of Education
7	recognizes that there is a drug dependency problem
8	among a segment of its school age population, and
9	further recognizes the need for the young people
10	within its jurisdiction to receive a program on the
11	non-medical use of drugs. It, therefore,
12	1. Expresses concern over
13	the misuse of drugs among all segments of our
14	society;
15	2. Expresses concern with
16	the lack of comprehensive guidelines to deal effect-
17	ively with the existing problem;
18	3. Recognizes that an educa-
19	tional system has a responsibility to its community
20	regarding this problem, and;
21	4. Asks for assistance and
22	comprehensive guidelines for dealing with this
23	problem.
24	Thus, it would recommend to
25	the Commission:
26	1. That there be means of
27	disseminating all available scientific information
28	regarding drugs to professional personnel, especially
29	all new information as it becomes available.

2. That there be a clearing-

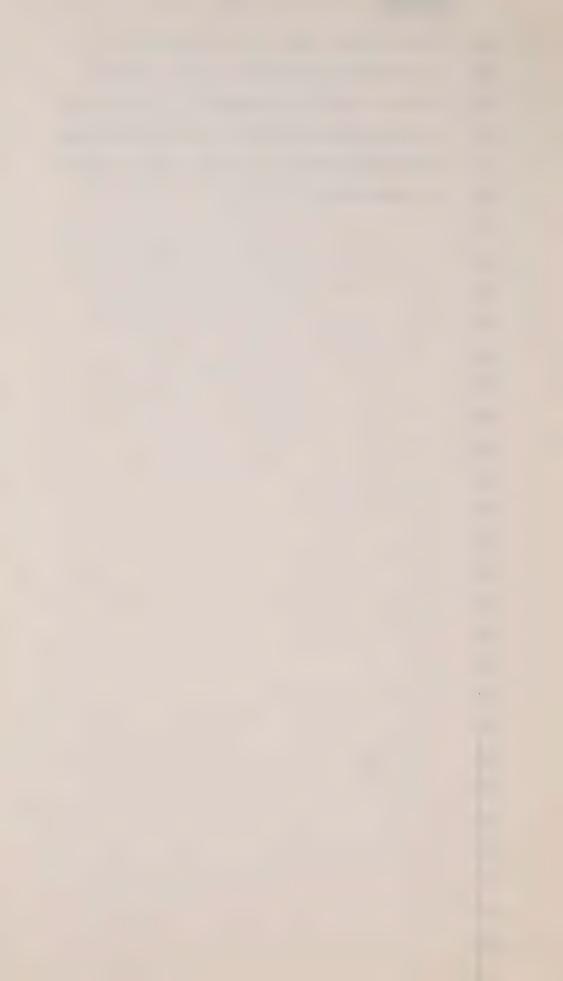


1	house for information which can be utilized by
2	all community agencies.
3	3. That there be a co-
4	operative approach involving all community
5	agencies, to avoid a fragmented program being
6	presented to young people.
7	4. That there be an exami-
8	nation of the laws relating to the non-medical
9	use of drugs. This examination should determine
10	the intent and purpose of the present laws, and
11	ascertain whether they are in harmony with
12	current conditions and attitudes of society. In
13	addition, there should be an examination of the
14	enforcement of present laws to determine if this
15	intent and purpose is being accomplished under
16	the present laws.
17	5. That there be an in-
18	tensive research carried out on the non-medical
19	use of drugs as there are presently many un-
20	answered questions.
21	THE CHAIRMAN: Thank you,
22	Mr. Ewart.
23	Would you like to add any-
24	thing, Dr. McLurg?
25	DR. McLURG: No, sir.
26	I believe the brief, as read by Mr. Ewart, supplies
27	adequate information. Perhaps I might mention
28	one subject and that is, the extent of use by
29	the students in the Regina school system is
30	really not known. No adequate survey has yet been





1 | conducted, but that is in the process of development headed by the central committee which Mr. Ewart has referred to. A survey will be conducted and the results will be made known, but at the present, we have no real knowledge of these facts.





1 THE CHAIRMAN: What drug 2 education, if any, is carried on presently 3 in the schools in Regina? 4 5 6 7 8 9 10 11 12 13 time. 14 15 16 used in your education material? 17 18 19 20 THE CHAIRMAN: Excuse me. 21 MR. CAMPBELL: There are two 22 23 24 25 26 use of drugs." 27 28 29 30

MR. EWART: There are curriculum guides or course of study outline that have been presented to the physical education and the guidance counsellors of all the collegiates. This consists of a set of transparencies outlining terms such as habituation, addiction, the various types of drugs, what is known now about them. In addition with this there is the manual outlining various information we have about drugs at this

THE CHAIRMAN: What are your sources of information about drugs which were

MR. EWART: We have relied heavily on information that has been supplied by the Alcohol Addiction Foundation of Saskatchewan.

questions in particular I would like to raise with you. On page 6 of your brief, item 6, you say "it can help youth to establish the constructive and acceptable alternatives in the non-medical

Could you expand on this as to the alternatives that are particularly appropriate here and how an educational system can foster them?

MR. EWART: I think some of

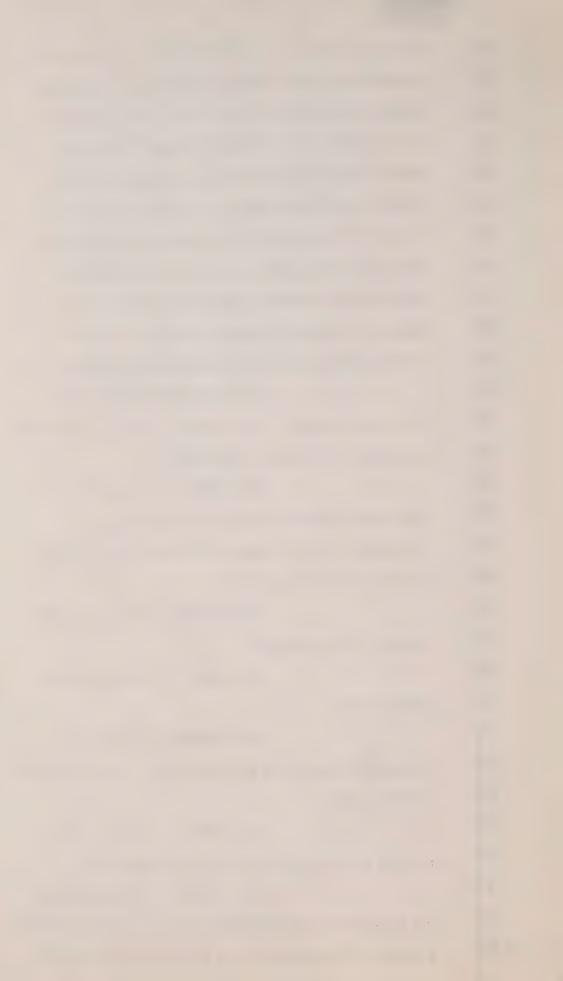


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1 the things that we are thinking here would be in 2 co-operation with community agencies developing 3 centres for students to go to or young people to 4 go to so that they can have access. You might 5 want to have discussion groups, there may be 6 certain activities they want to carry out. This 7 is one of the alternatives, acceptable physical 8 educational programs, acceptable places where 9 students can come and communicate in an open 10 manner, to discuss problems, perhaps to work 11 through ina not necessarily professional manner, 12 THE CHAIRMAN: What should 13 be in your opinion -- Mr. Ewart, what should be the 14 objective of the drug education? 15 MR. EWART: At this time I 16 would feel the objective of drug education is 17 to present to the students the known information 18 as accurately as possible. 19 THE CHAIRMAN: Would you add 20 "as fully as possible"? 21 MR. EWART: And as fully as 22 possible, yes. 23 THE CHAIRMAN: Would you 24 include the positives and negatives; in other words. 25 all the facts? 26 MR. EWART: I would include 27 all the facts whether positive or negative.

MR. CAMPBELL: One aspect of the positive facts that was put to us in the hearing, a number of hearings in the Maritimes, was that the





drug experience to a large extent is a subjective experience, feeling and reaction at the personal level of the individual and that educational programs should include the highly subjective statements of the users as to the pleasures, for instance, they had found from drugs, that the pleasure of the individual as reported is an important part of the drug experience.

Would you agree with those submissions that those should be included?

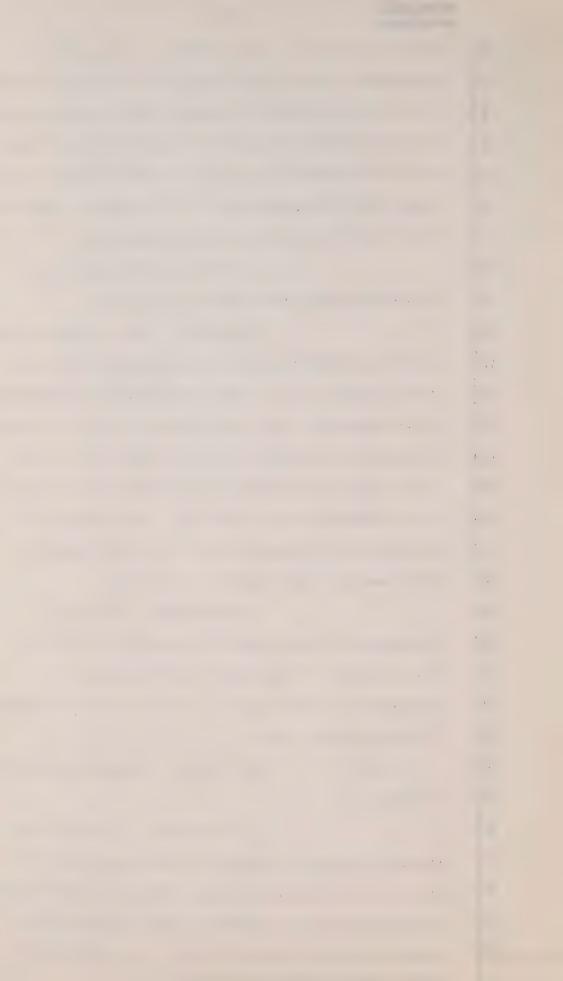
MR. EWART: Yes. I believe the counter presentations have to be there too. I can't quote the report now - Scientific American, the double blind experience, where they quoted students not using marijuana had the same subjective experiences. This is the type of information that I think has to be put into prospective along with this. That perhaps you can have that same experience in different ways and there has been some research to show this.

THE CHAIRMAN: Would your conception of a drug education program include then, some statement of what might be called moral equivalents or alternatives to drug use? Do you think it should include such?

MR. EWART: I question the word,

if I may---

THE CHAIRMAN: I use that expression because it recalls the moral equivalent of war, but we are told, you know, from time to time about these alternatives, alternative ways to achieve the beneficial effects sought by drug use. We are told about these by people involved in





various ways. Do you feelthat drug education should include some attempt to discuss or present these?

MR. EWART: Yes.

MR. CAMPBELL: I wonder if in that vain, if we speak of alternatives to drug use, this suggests that the use of drugs as a purpose it meets a need. What in your judgment are the primary needs that are being met by drugs that you would provide an alternative need for?

MR. EWART: What are the -I am sorry, I missed the last ---

MR. CAMPBELL: Well, when you speak of providing alternatives to drug use I take it that there is the implication that drug use serves a purpose, meets a need, that there is a reason for it and that you have drug use here as a consequence of some need, and what you are suggesting there is an alternative way of meeting these needs, another way of filling a void or providing a satisfaction.

I would like to go back to what you consider these needs or purposes of drug taking to be.

MR. EWART: For an example, one example that would come to my mind immediately would be a need to belong to a peer group. With some individuals it is through the drug use that they become a member of a peer group. Perhaps



there are alternatives peer groups that they 1 2 could belong to, they need to know or have 3 avenues of exploration. I am in no way trying to 4 imply that we can stop a student, but I think we have to present to him relative ways so that he can 5 6 make a decision as objectively as possible. 7 MR. CAMPBELL: Beyond the 8 desire to belong to a group or to identify with 9 a group what are the other needs you see being 10 met by drug use? 11 MR. EWART: I suppose the 12 need for acceptance. 13 MR. CAMPBELL: Many of the 14 people using drugs put it to us that their 15 primary reason is that it is simply a pleasurable 16 experience; it is fun. 17 MR. EWART: Right. 18 MR. CAMPBELL: If someone 19 says to you, "look this is fun, I do it because 20 I like it," can we think of alternatives here that 21 are viable, and what ones would you suggest? 22 MR. EWART: This again I think 23 comes back when we talk about an individual, what does an individual find as fun? I don't want 24 25 it to sound facetious, but it might be fun to take 26 a 22 and go out and shoot all the transformers off the telephone -- this is not an alternative. We 27 have to try to dissuade more -- maybe you can 28 29 shoot a .22 at a target and get fun -- the same

enjoyment and pleasure. I don't know if this

answers the type of thing ---

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at the microphone?

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you are going to do this and you are always
talking, "we can't do this, "OK, how are you
going to do this? If you are going to present

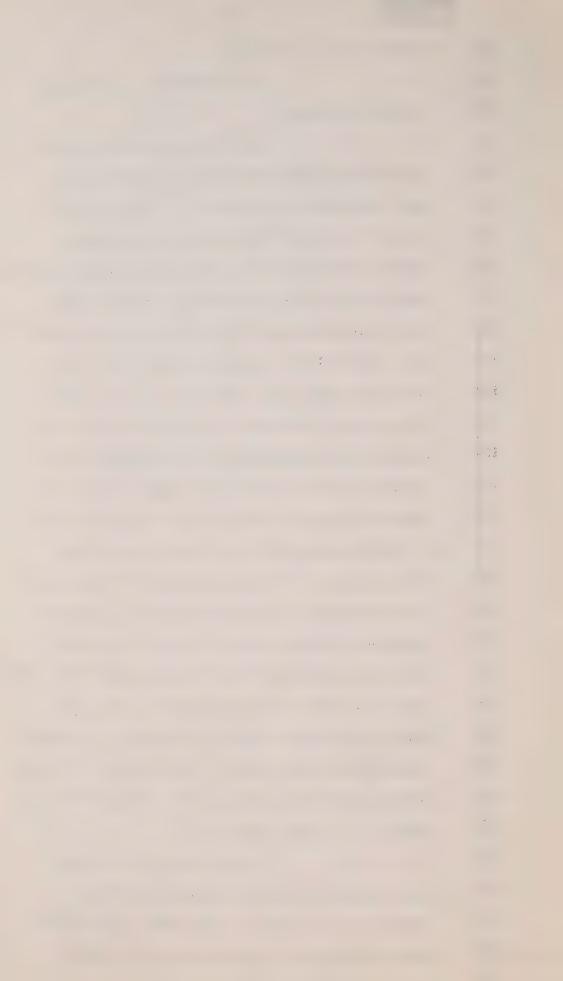
I would like to know when

point -- I find it pure B.S.

THE CHAIRMAN: The gentlemen

THE PUBLIC: I would like to

say something about what has been said so far by the Board of Education. I find all their promises very baffling to me mostly because I don't believe that they are going to do all these things and that they won't do anything. We are being told at several points that they can do this and that they will do this, but I find it -- they are talking about drug education in the school. The only drug education in the school that I am finding is the drug education I find around the lockers or out on the street. Drug education is looked upon within the school by counsellors and by teachers as something to stay away from and the counsellors and the teachers don't come to you, you are suppose to go to them, or else they come to you very quietly and say, "we don't want you fooling around with drugs in school and we don't want you coming here stoned and we don't want a bad name for the school so you just keep it to yourself and do it on Friday nights." I find your -- I just find you completely untrue, and -- excuse the

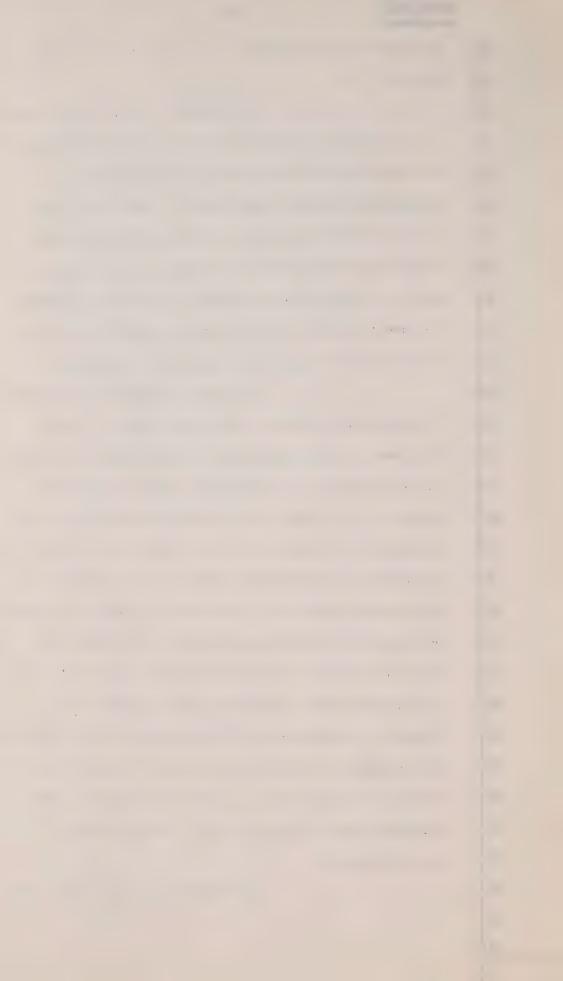


a program to the schools is it going to be another Project 70?

MR. EWART: No, it is not going to be another project '70 and the theme is not drugs. The theme that we are attempting to discuss is dependency problems. Now, we will admit that this is what we are struggling through to come to grips with, how to approach young people without, as you put it, a lot of B.S. We want to be able to present to them those things that they can judge and look at and we would try to be as impartial as possible.

Now, may I answer your Project '70 statement, that we used in our system itself. This was the memo that went from the Board of Education to all principals of elementary schools regarding Project '70: "After considerable discussion of the Project '70 broadcast on drug education, the following procedure is recommended: that since it is poor educational procedure to use school broadcasts without pre-program notes and explanatory information the C.G.M.A. Project '70 radio broadcast will not be used in the elementary schools at the scheduled times. Tapes of the programs will be cut and will be available for the use in the schools in a better educational setting at a later date. Additional material from the Department of Education will be available re drug education."

We did not use the Project '70



in our schools as such.

THE PUBLIC: I would like to know what gives the high school principal the right to go through your lockers looking for dope. Is that part of your education?

First of all, the attitudes starts out ---

THE CHAIRMAN: Would you mind going to the microphone please?

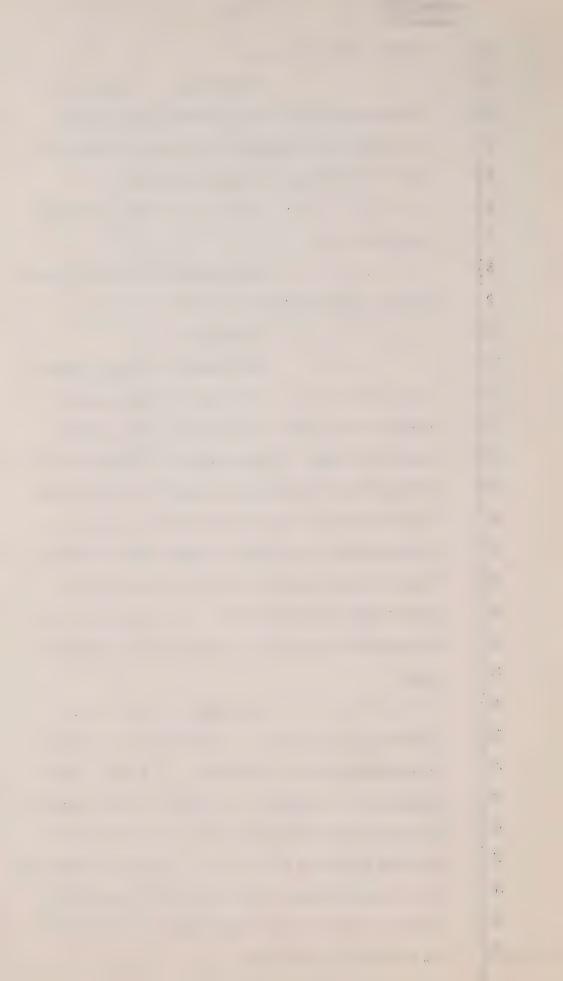
Thank you.

THE PUBLIC: I would like to know first of all, what gives the high school principal the right to go through your lockers looking for dope. And secondly, I question the attitude that the educators start out with, like the whole thing I have gone through is that we are criminals to be rehabilitated and the material that has been presented to us has been highly biased and outdated as hell. It is just terrible. And the attitudes of the educators is extremely poor.

information going out. I question that, I do not know what materials are used. I don't know whether it is biased, I would want to have samples of material you say is biased. It could be. But we have presented a "kit now". It is in preparation at the Board Office. It will be out within the next two weeks which I would say is as unbiased as possible at this time.

MR. EWART: There is new

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MR. CAMPBELL: Could you

make a copy of that kit available?

MR. EWART: Yes; yes.

THE CHAIRMAN: Thank you.

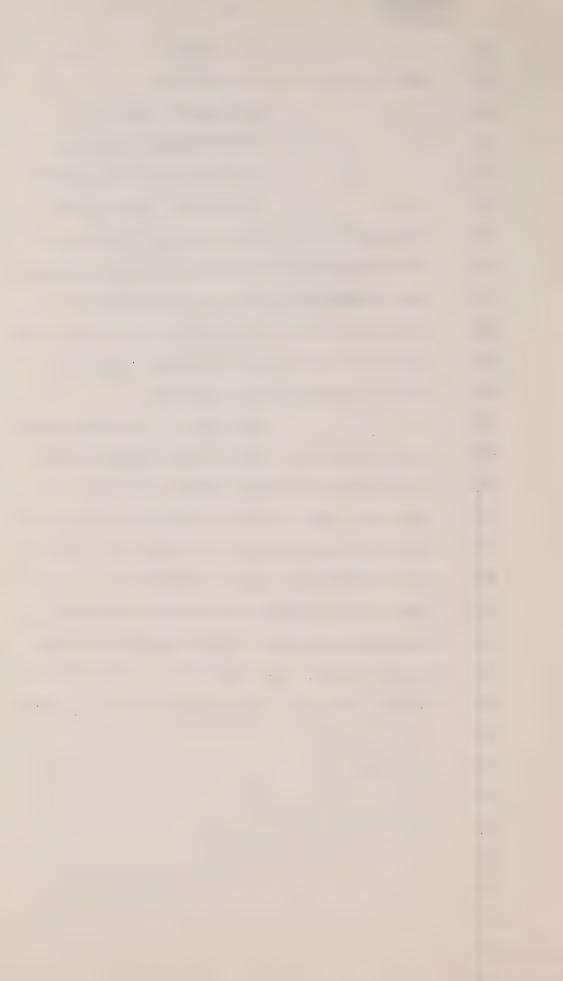
Gentleman at the microphone?

THE PUBLIC: Could I make

the suggestion before you go around handing out kits and before you go around handing out materials and information, you make sure the staff that is using this kit and information is not as prejudiced and biased as the people who threw me out of school a month before I graduated.

MR. EWART: This attempt again, is being made. As I say, we are working through the process of the drug education committee.

Right now, every Saturday we have teachers meeting, and at this meeting we are discussing with them how to handle this type of problem and it is not what to tell students, it is what the approach should be and we are trying to develop with them an understanding, and hopefully an elimination of bias. But there is bias from all of us, frankly.



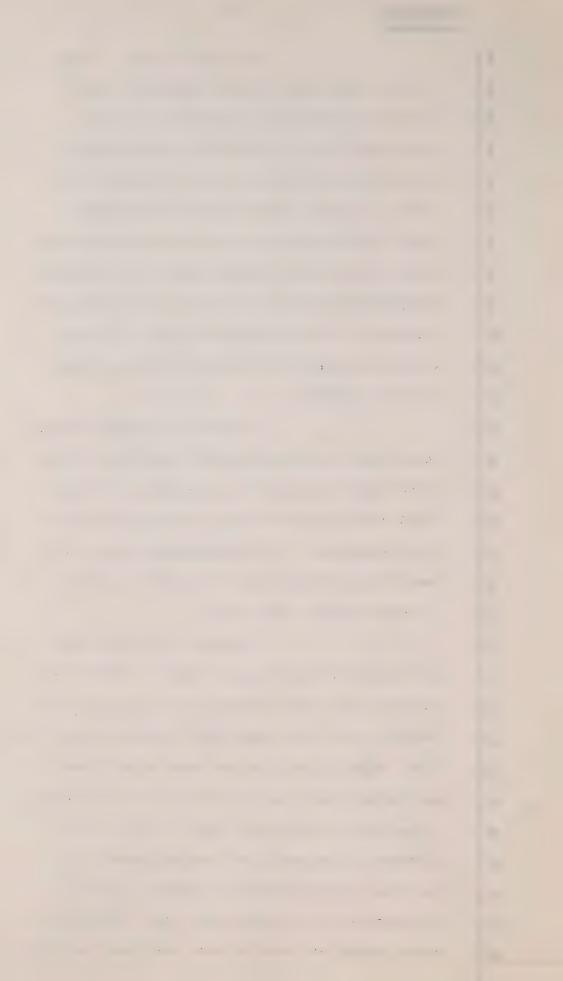
It is my experience with the authorities that

I dealt with, who dealt with me, when it was
discovered, much to the horror of the people in
the School Board as such, where I was going to
school, that they didn't know anything about
drugs. The only person who knew anything was the
pusher, and I would suggest that you get, perhaps,
the person who has used drugs, who is a permanent
counsellor, who perhaps has the time to devote,
the time to spare, who would be quite happy and
counsel a person.

I heard on the twelve o'clock news today that somebody made a statement to the effect that legalization of marijuana and hashish would cut down on the amount of heroin addiction.

This is garbage. I am categorically against the legalization of marijuana and hashish, although I probably don't look like it.

and hashish and ended up on heroin. My kid brother is still on it and he started out on marijuana and hashish, and I have experience with many people that I live with in Vancouver who were on marijuana and hashish first, and by the time you are twelve; if you start on marijuana when you are twelve, although I know people who started sooner -- by the time you are seventeen, eighteen, you will be guaranteed to be doing acid, and I have never known anybody who started doing marijuana who didn't



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do acid soon enough. And unless you've really got a lot of self control, from acid you go on to speed, and after a while ---

(Public dissention)

MR. EWART: Back to the question about the teachers, by the way, I would like to put this in perspective -- that many, many teachers are saying the same thing: "Will you give us ways and means of approaching?"

They are happy to answer questions and they are honestly concerned because they do not know the approach, and of course, in our brief, this is what we are saying, that many people are concerned and we want the ways and means of approaching the problems.

THE PUBLIC: We have these means right here in this room. This gentleman at the microphone has been through this trip, and he is able to help young people that are going to end up on heroin. Now, he has just finished saying he is not in favour of legalization of marijuana because he had a bad thing happen, him and his brother, but what I am going to say is, who did you smoke marijuana with?

THE PUBLIC: Well, I haven't -I don't think there is enough paper for me to make
a list of the people -- I was on it for seven
years.

THE PUBLIC: But, was there any sort of supervization?





THE PUBLIC: Yes, there was.

(Portion inaudible)

THE PUBLIC: Well how did you

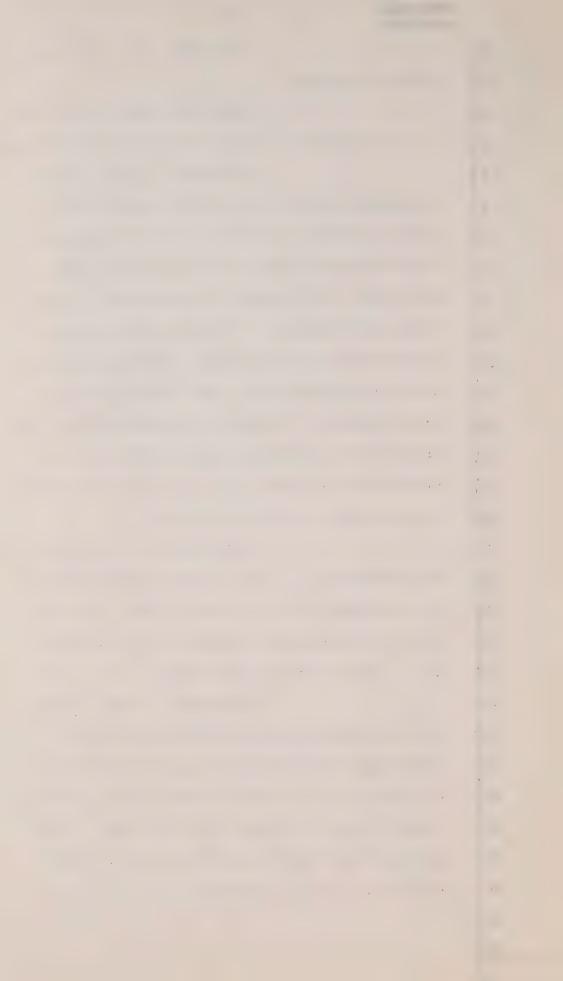
turn on to heroin? How come you started using heroin?

THE PUBLIC: Well, I found

through experimentation like, and through other channels it sort of hit me, but after a while the only kind of criticism or any of the so-called hard stuff, the only kind of criticism you can get is destructive criticism. There is no such thing as constructive criticism anymore. There is never any elovation, never anything, and I tried getting to these people who I thought were interested and I got kicked out os school and kicked out of town, and kicked out of home and kicked into jail in a number of places and it just doesn't work.

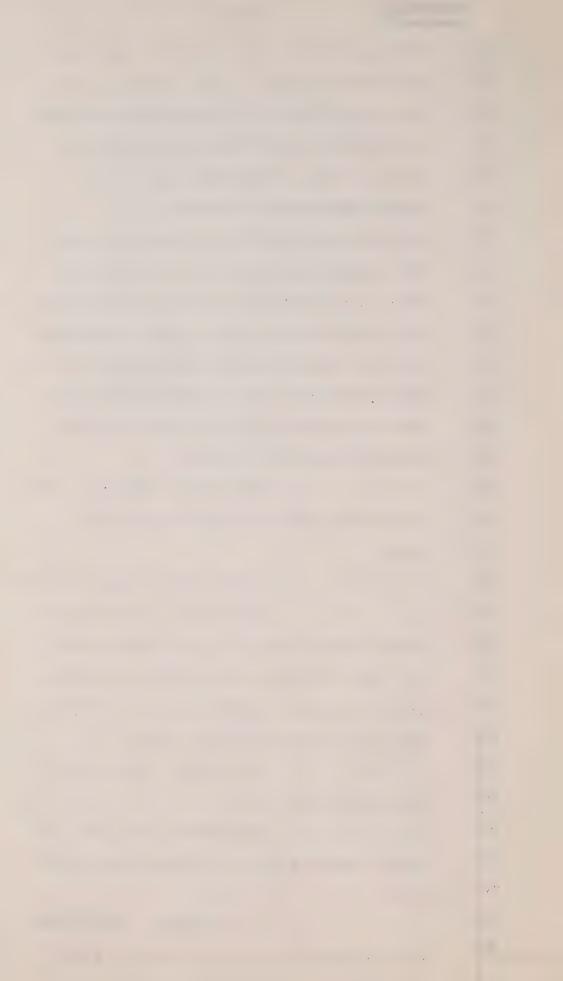
THE PUBLIC: You will have to ask yourself why. It was not just society's fault you got kicked out of all these things. You can't blame the establishment because you got kicked out of it. This is what you are doing.

with thousands of people and with a few notable exceptions I have met few who use marijuana or hash or anything who ever had any constructive, positive things to put up in place of anything else. I have been told and I was busy telling people a couple of years ago that my experience



1 with drugs were an inner search for maturity. 2 All I can say to that is that I found out the 3 hard way that the mature person does not destroy 4 his mind or his body. My blood type has been 5 altered, I have varicose veins, my I.Q. has 6 dropped approximately 40 points. 7 And I am going to die by the time I am 50, and 8 that is really nice, and that is really cool, 9 and all I can say like to close this off is that 10 that is not the way I think a person should live, 11 and I don't think anybody really should live 12 that way and if you want to legalize suicide go 13 ahead, but build a nice big bridge over a good 14 concrete slab and do it quick. 15 THE PUBLIC: Why do you think 16 you have to organize marijuana or the use of 17 drugs? 18 THE PUBLIC: I am an anarchist. 19 THE PUBLIC: To keep young 20 people from going onto this trip that you went 21 on. That is what it is man. When you sit down, 22 "How did I ruin my life? You ruined your life by 23 going off on heroin, we didn't ruin it. 24 THE PUBLIC: My life was 25 ruined long before that. 26 THE PUBLIC: All right, so 27 you are feeling sorry for yourself, that is what 28 it is. 29 THE CHAIRMAN: The gentleman

at the microphone at the left over here please?



1 THE PUBLIC: I would like to ask another 2 question. Today, what we are talking about, right now, 3 in the high school system about drugs, I want to know if 4 drugs is negative or positive or is it all over the 5 place like I think it is? Like, the feeling of the 6 Board of Education? Because I have the feeling that 7 I am very biased and I don't pretend to be unbiased 8 because I am all for legalization. But what I want to 9 know is what are the high schools, the principals and 10 vice-principals -- what's positive about? Yes or no? 11 What is your answer? 12 MR. EWART: I am afraid I do not 13 understand the question. 14 THE PUBLIC: What are the counsellors, 15 right now, the thing you talked about on Saturdays and the two day seminars, are they generally in favour 16 of legalization or putting people down who are doing 17 it, or kicking them out of the high school 18 19 system? THE PUBLIC: Can I ask you a question? 20 Why are you in favour of legalization of 21 22 marijuana? THE PUBLIC: Because I feel that 23 legalization of marijuana -- it was proven in the 24 past that judicial courts aren't going to erase it 25 -- and I am not saying that legalization will erase 26 it , but I am saying that heroin will be dealt with a 27 lot better and differently than it is right now 28

because human beings are being put in jail for their

own feelings and they don't understand it.

MR. EWART: May I -- excuse

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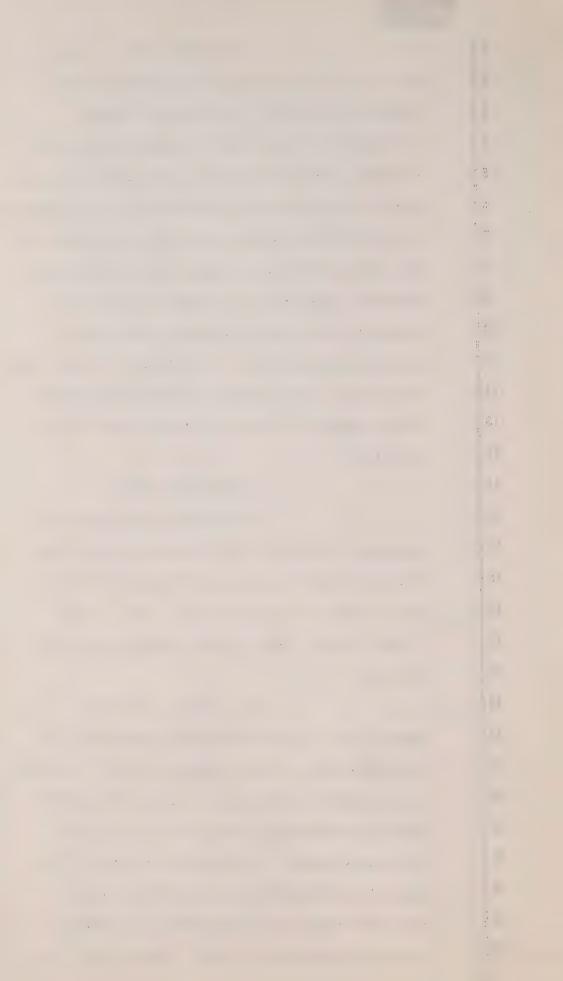
me — this is not the policy of the Board of
Education, but after the three day Kenosee
conference in which there were approximately 100
teachers, health educators, nurses and counsellors
there, at the end of the conference they recommended
it was a recommendation only, that as a result of
what they had heard and seen, that the marijuana
should be taken out of the Narcotics Act and
placed in the Food and Drug Act with lesser
penalties as now exist. I would like to make clear
this is not a Board policy; it was the statement
of 100 teachers. Does that answer part of your
question?

THE PUBLIC: Yes.

THE PUBLIC: What did this statement include, in other words what did they find out to get to the point they were or were not in favour of legalizing it. That is what I want to know. That is what these people want to know.

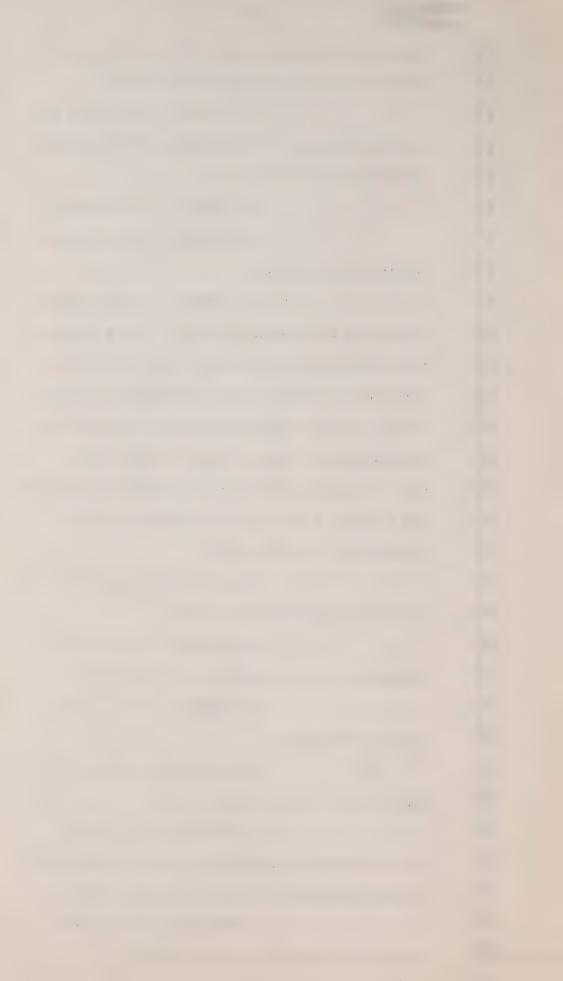
MR. EWART: It was the summary of -- I do not have the summary with me of course, but it was a research of what was known as marijuana at that given time and what we have studied on the drug. Now this is one of the concerns we have. I suppose you noticed in the paper last night where it said chronic use of marijuana may lead to permanent brain damage.

Is this a fact or is it not? Now you hear the



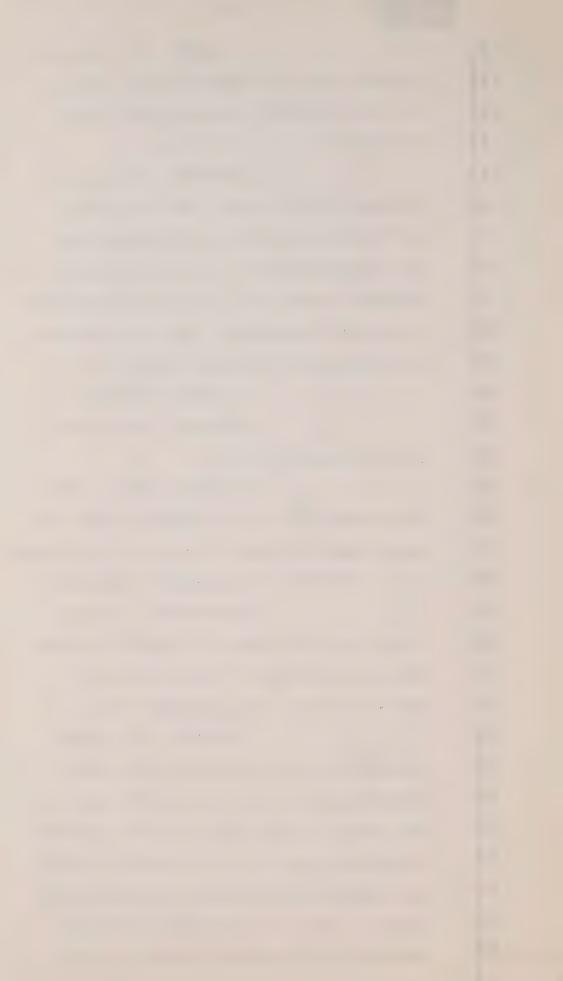
1 reaction of the people and this is the type of thing we are most concerned with to know. 2 THE PUBLIC: What tests did 3 you make to reach that statement? What research 4 did this group of people do? 5 MR, EWART: No research. 6 THE PUBLIC: Then how can 7 8 you form this opinion? MR. EWART: On the basis 9 of what we can read and find out. We are asking 10 that research be carried out. Exactly, that is 11 the state we are in, this is what we would like 12 to see. We are making assumptions from what we 13 know now, and as I say, I feel in many cases, 14 what is changing day by day, newspaper by newspaper 15 and we don't know if it is unbiased, if it is 16 17 untrue, if it is unfounded. THE PUBLIC: Do you have the 18 right to educate on assumptions? 19 THE PUBLIC: No, he isn't 20 because he is not qualified and that is it. 21 MR. EWART: Right, we are 22 23 asking the experts. THE PUBLIC: He wants us to 24 come to them. That is what it is. 25 THE PUBLIC: I am saying 26 you are educating people right now in the schools 27 on assumptions and do you have that right? 28 THE PUBLIC: No they are 29

not educating people in the schools.



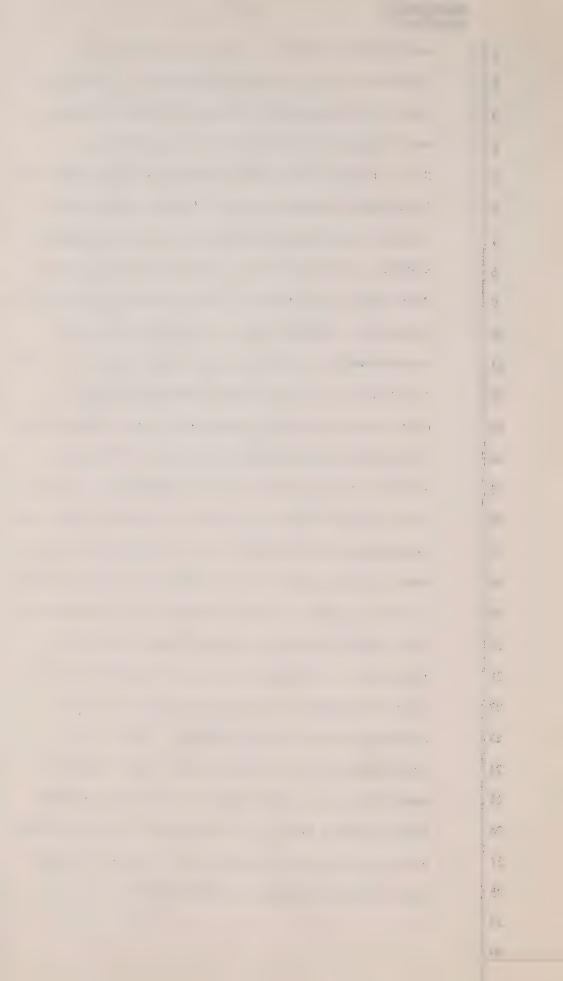
1 2 3 4 this time. 5 6 7 8 9 10 11 12 13 14 you are trying to do here? 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 Journal of Addiction, The British Journal of 30 Addiction, The Psychedelic Review, the journal

MR, EWART: This would be a matter that we are educating people on what we hope is the best information available at THE PUBLIC: Tell me now, you have a hundred people. What are their qualifications on the use of marijuana? Now you are going to have to get some specialized information before you can set up an organization to deal with this problem. Now this is what you are trying to do here today, is that it? MR. EWART: Pardon me? THE PUBLIC: This is what MR. EWART: This is where we are working/The Alcohol Foundation and we want to get committees going but we do not put ourselves out, 'obviously, as drug experts, researchers. THE CHAIRMAN: Excuse me, if you don't mind please, let us share this time. There is a gentleman at the microphone over here who has been waiting for some time. THE PUBLIC: Mr. Chairman, as one of the consultants to the School Board, regarding some of the information they have in their manual, I would like to clarify where the information came from. The information sources were primarily such journals as The International



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published by Haight - Ashbury Medical Centre, 1 The Blooms Study, studies carried on in Stanford, 2 some of the papers Dr. Lehmann himself referred, 3 and various other sources in the community. 4 Now I am the first one to admit that the Alcoholism 5 Commission has been guilty of what would appear 6 to be a very empirical approach to a very complex 7 problem. And there is a large amount of the drug 8 experience that does not allow itself to an empirical 9 evaluation, which rather is a very subjective 10 consideration. However we have spent a lot ot time 11 in trying to get in contact with the kind of 12 materials that these young people are reading that 13 obviously are providing an entirely different 14 insight to motivation into the phenomena. Now we 15 first of all have got to come in contact with those 16 materials and after we come in contact with the 17 materials we have the most difficult task of trying 18 to take a grade 9 school teacher with the prepara-19 tion that he may not agree with and get that 20 individual to the point that he can begin to share 21 in a meaningful way the implications of that 22 information with those students. Now it is 23 interesting to know that a large number of drug 24 users are very, very aware of empirical results, 25 are very very aware the so-called "their own thing". 26 But the truth of the matter is, I think they are 27 quilty of intolerance in the same way 28

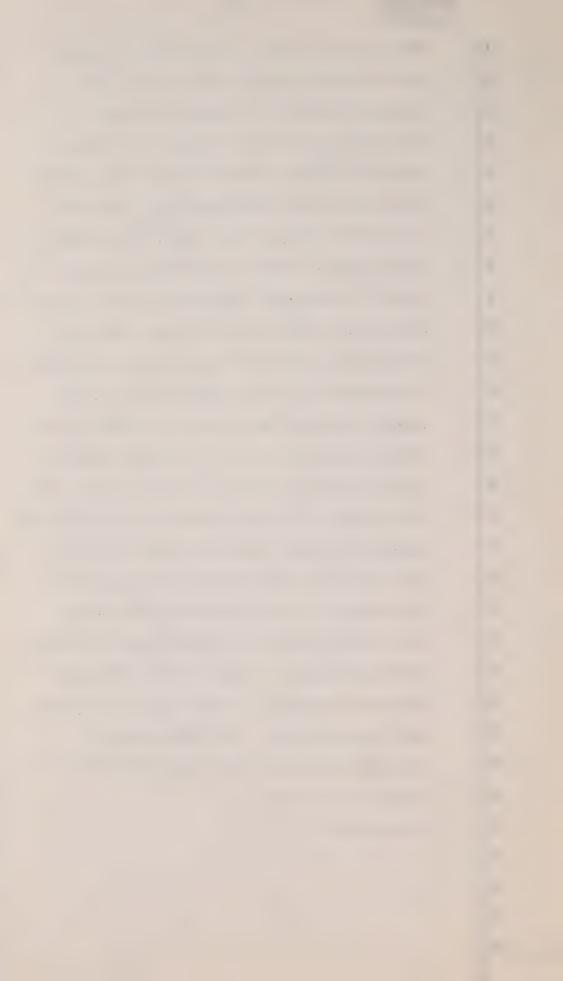


1 that we are, and that is they take the teacher, 2 and the system, and the administration and 3 rightly or wrongly this thing has become --4 you sort of have to ask yourself, how much of 5 this has to/simply because we are human animals 6 and how much can we hold ourselves accountable Public 7 for and when you go to the Regina/School Board 8 with a group of twelve human beings sitting 9 around the table you really have to ask yourself, 10 what can you hope to do with these people, not 11 what you say, but what do you say that will make 12 a difference? And the trouble is that if for 13 example, we have a drug curriculum committee and 14 we put a drug user on that curriculum team this 15 is the ideal way to do it. But at the same time, 16 if it stops, if it stops any factual or any growth 17 coming out of that committee because they have 18 drug users on it then you have got to work on 19 the community to get them to the point where 20 they are going to enter into dialogue and consider 21 the drug phenomena. I don't think young people 22 are hooked on drugs. I think rather young people 23 have found a catalyst for a whole area of 24 change that had better take place or we are in 25 trouble as a society. 26 --- (applause)

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2 I think when we went to the 3 School Board and set a constructive alternative, 4 what we were saying is that is it possible to 5 consider bringing about the goals or achieving the goals that these young people want without 6 7 psycho-pharmacological assistance? And we are 8 not satisfied that it is possible. However, 9 the Commission is involved with that attempt 10 and that investigation and the same way that these 11 young people have obviously found a key to achieve 12 a positive experience I like to think that it is 13 feasible and possible or certainly worthy of 14 consideration that man can find within himself 15 without the use of drugs able to achieve some 16 of these same goals that they are. 17

THE CHAIRMAN: Thank you.

THE PUBLIC: I would like

THE PUBLIC: I base this

to come out in favour of legalization of marijuana. Well, legalization of actually just about any drug.

THE CHAIRMAN: Excuse me, I just wondered if perhaps we might release Dr. McLurg and Mr. Ewart if there are no further questions for them.

Feel free.

Excuse me, I have already interrupted this gentleman, you carry on.

argument on the feeling that in looking into the

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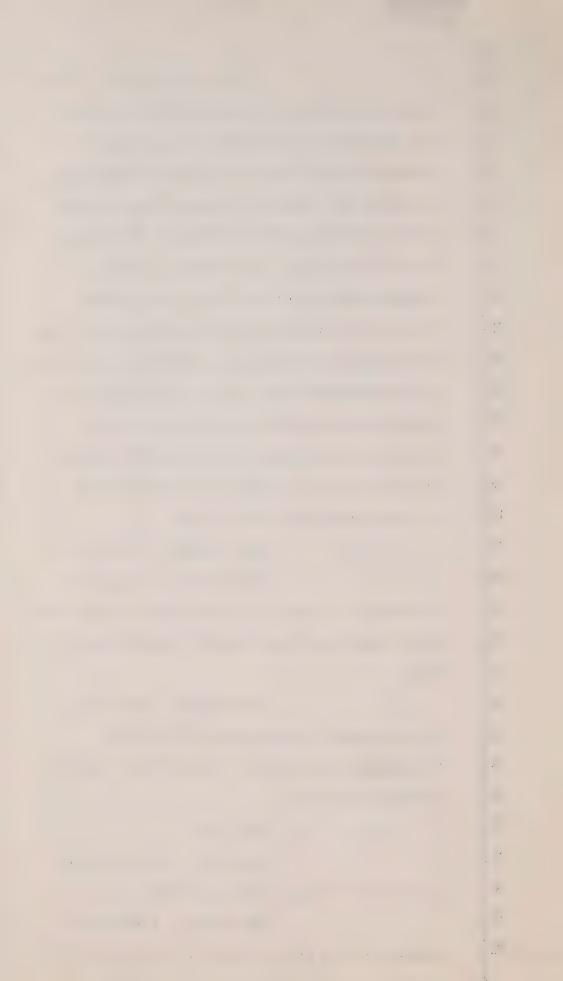
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laws of our land, it is based on the desire to make our rules more humane, more suitable for people to live in and I think this is a good time to bring this up because I think our school system is a good example of how our world could be a little bit more humane or how it isn;t as humane as it could be.

I don't think that the present laws are in any way humane laws. I mean people are using drugs, lots of people, and if these laws, if the purpose of them is to protect the people from the bad influences in our society, well then they are simply not doing that. Lots of kids have been thrown out of school and I was talking to a heroin addict a few days ago that — he has got a family, he has got one child and he uses heroin, true, and he doesn't want to use heroin, but certainly the laws aren't helping him get off heroin and they are just making matters worse for him.

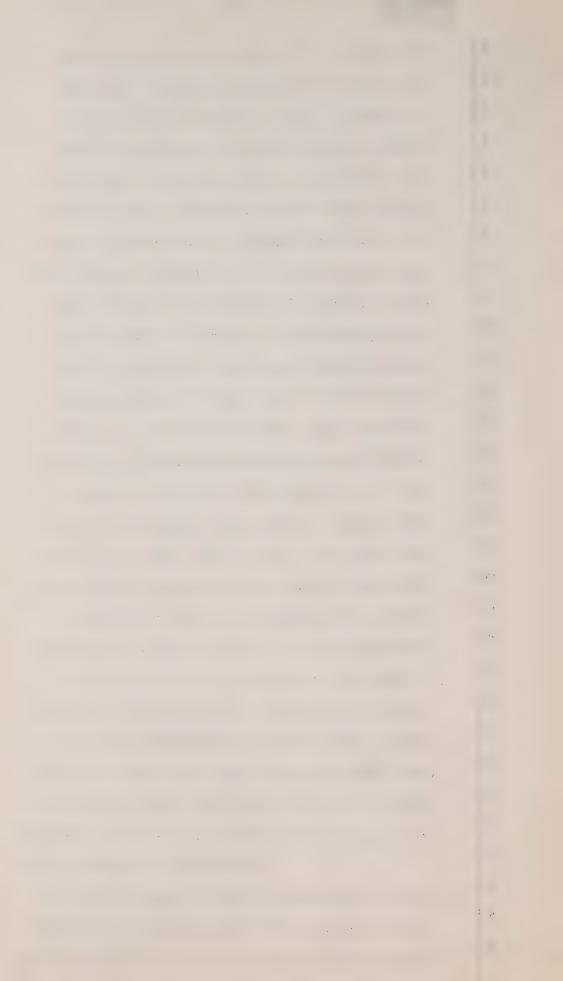
I don't know how much the panel knows about this but maybe you have looked at this more than I have, but I understand in Great Britain, heroin is legalized and I suggest if you haven't looked into this maybe you should.

question of drugs is a secondary issue; that the real question is our society, is it a humane society or not? And many people feel that it is not a hjmane society and I personally am one of



those people. The reasons for this is we seem to be slowly destroying ourselves. Pollution is cropping in quite rapidly, population is a threat, we are constantly threatened by atomic war. There are so many things like this in our society that really are a threat. Now I think it is in the best interests of many people to keep the society the way it is. And many people would like to change it. Itwould also seem that many of the people that are going to change society use or have used psychedelic drugs and I think for that reason alone that it has been a good influence, and I think that the real issue here is that the people that want to keep society the way it is see psychedelic drugs as a threat to them because it makes people question the environment they are living in, and I think this is a big reason why marijuana and other drugs haven't already been legalized. I mean if we wanted a more humane world, we want to deal with everybody in that world and we want to go on trying to create a better world. That includes the heroin addicts, that includes all sorts of drug users and I don't think the way to deal with them is to throw them in jail, and I think that these people have a lot of constructive things to offer to our society.

of all I would like to say that when dealing with the non-medical use of drugs probably one of the biggest problems that you run into is drug education



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itself, because I think the people in Canada and all over the world today who are getting uptight about things like marijuana just don't know, They haven't had the education about drugs and they simply don't know.

And also the people, students in public schools, high schools and possibly even universities can't distinguish, some of them, between marijuana use or speed, heroin, anything like that, because they simply don't know. And I have very little faith in the education people that they will really do something about this because the drug problem has been around for a long time and they haven't done anything about it and I am rather worried about the way they are going to handle this. A good example of this is sex education. Sex has been around for a long time too, but about all the sex education I can recall in my high school training was a movie I saw once when I was in grade 10, and it was about V.D. and about all they had on it was V.D. will kill you, sex is bad, don't have sex until you are married. And if this is the way they are going to handle thedrug problem, I think they should just maybe leave it alone.

THE PUBLIC: There was something I heard earlier about not taking any kind of stand on some of the common drugs until there has been enough research done.

THE CHAIRMAN: Could you

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speak a little more closely to the microphone.

THE PUBLIC: There was some form of education, if you can call it that, at my school, it is a tape, and the title of it is, "Pot is Rot" - and other notable facts about drugs. Now I think if they are going to present this type of stuff, I think they should, you know, -- let the other side have equal billing until there has been enough research done to prove anything.

THE CHAIRMAN: I wonder,

Mr. Ewart, if I could ask you a further question: do you envisage any possibility of a role for younger people, students in drug education?

MR. EWART: Yes. We have them on the committees developing the program and we did have them on the committees proposed on the Board of Education, Regina Separate Board, Public Health Nurses and counsellors plus students. can't help but say to the lad who talked about sex education, I would invite him back to look at our curriculum today and I don't think he is going to get the same answer. And this is starting down in the elementary grades.

THE PUBLIC: How long has it taken you and how long is it going to take you with drugs? That is what I want to know.

MR. EWART: I can't answer.

I will say this: in the curriculum we are developing in drugs it is not drug education, it is a curriculum on dependency

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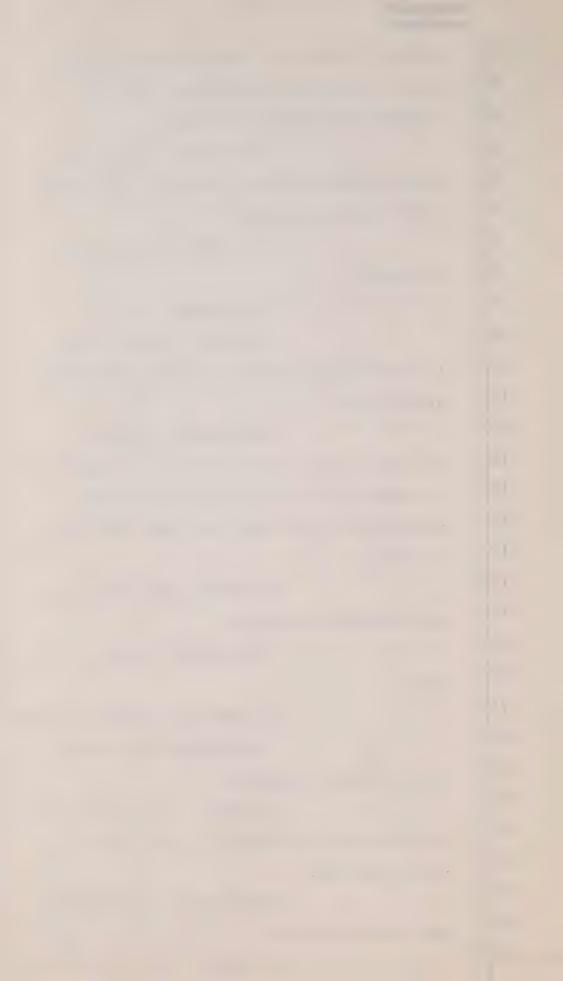
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1 problems. This is it. We do not put in front, 2 this is a drug education program. This is a 3 discussion of dependency problems. 4 THE CHAIRMAN: What other 5 kinds of dependencies are included in the program 6 other than drug dependency? 7 MR. EWART: On this type 8 of thing? 9 THE CHAIRMAN: Yes. 10 MR. EWART: We are trying 11 to involve psychological, psychology, sociological 12 aspects of it. 13 THE CHAIRMAN: Excuse me, 14 but when you say it is not drugs, it is dependency, 15 it suggests to me that you are including the 16 dependency on things other than drugs; am I wrong 17 on that? 18 MR. EWART: What I am saying 19 is psychological dependency. 20 THE CHAIRMAN: On what, on 21 drugs? 22 MR. EWART: It could be; on the family. 23 THE CHAIRMAN: The concept 24 of psychological dependency? 25 MR. EWART: Total concept. 26 So it might be on the family, it might be on 27 biting your nails. 28 THE CHAIRMAN: It might be on 29 the morning newspaper?

MR. EWART: Right. It is to



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give this total concept.

THE CHAIRMAN: Apart from work in the committee in a viable capacity do you envisage students or young people being involved in the actual process of drug education itself as teachers if you want, or whatever, you know, participating?

MR. EWART: Right.

THE CHAIRMAN: Do you?

THE PUBLIC: Mr. Chairman,

could I take a crack at that? We have a drug user on our drug education staff right now, a former drug user, and the attempt is this summer to make funds available to bring these people in contact with the people who are designing this curriculum. The only problem, is, once again, Swift Current, how do you get in the school? I mean they ask who is going to be on the education program coming to the school, and if this fellow ends up with long hair down to his shoulder which Glen happens to have and this kind of thing, immediately something happens and the School Board has carried on a special study and we don't get near the school. It is as easy as that. That is the problem we have got right now, the public discrimination.

THE PUBLIC: Yes, definitely.

THE CHAIRMAN: Dr. Blewett?

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DR. BLEWETT: I would like to suggest that there are certain hazards that certainly have been underlined a number of times in the field of drug usage . Some of these are relevant to the area of the psychedelics and I believe it is the psychedelics that are the principal concern. There is little disagreement that sniffing glue with your head in a plastic bag or taking heroin are extremely hazardous, dangerous, have long range lasting effects. But as far as the psychedelics are concerned there is a great deal of information that is currently available that would cut down a great deal of the misfortune that can occur, simple ideas like not leaving people alone when they are taking drugs for the first time, of having them, if they want to take drugs, do so in a situation where the stimuli could be reduced, where there is not going to be a great deal of bussel, that it is not particularly a wise thing to go into a downtown area under those circumstances. These rather elementary ideas I think can be presented quite simply, and it seems to me that we should, in terms of drug education, and I mean drug education, because I think that is what the importance is, we should use the same sorts of ideas that we use in teaching water safety, or in teaching people how to drive automobiles or in how to handle guns. If you were going to do these things there are certain requisite pieces of information you should have. And I think with-

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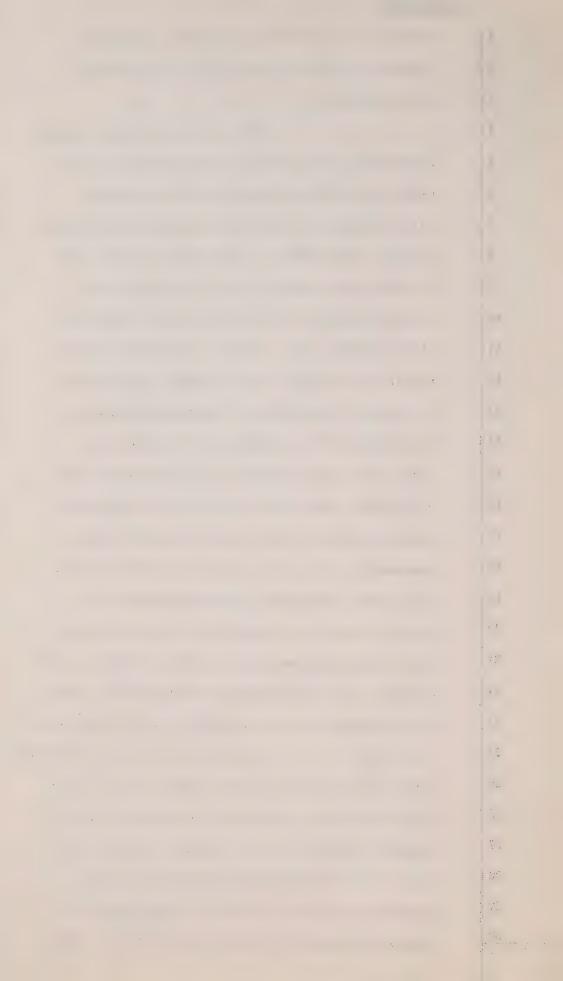
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holding this information is very unfortunate because it can get people into very serious circumstances.

But in nearly every instance in which I have heard of young people who have had to be committed temporarily in emergency wards in general hospitals or people who have had a longer commitment in psychiatric facilities of one kind or another, the difficulty that occurred because of people who were involved didn't follow very simple, straight forward regulations if you like or ideas. And further that, I think that if people are going to use drugs, and it appears that they are in larger and larger numbers, they should be aware of the fact that there are many interesting and important things that they can find out about themselves, about the culture that they live in and perhaps ideas and inspirations that will foster whatever is creative in their activity, that they should be just as aware of those things as they are of the source of high and the kinds of joy pedal that one can step on with these drugs.

In other words, the information that is provided has safety features built into it because that is important and also that the positive side of the coin be spoken of at least since if we can take the statistics of the present as correct, it seems a large number of people are going to follow these courses. Then





it seems only socially advisable that they should have the best information in this regard possible when they are on these ventures.

I am a guest in this city since I am from Winnipeg, but I would like to comment, if this hearing were occurring in Winnipeg and my work was a sincere effort to do honest to goodness education about drugs, about nonuse and use, abuse, I would find in this situation, and now my words are particularly addressed to those who presented the brief this afternoon,

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1 I would find in this situation, the sort : of 2 information, of understanding, of concern, of 3 wanting to be human and wanting others to be great human, which I would at / peril, neglect, if I 4 5 would not use that for planning the next and any steps beyond the next steps in regard with the 6 Board's plans for education. I would see here a 7 potential for making education in the school 8 relevant to a much greater section of the people 9 than I have hitherto, nd I am only sorry we don't 10 have some of these youngsters in Winnipeg, but 11 if they will come to Winnipeg, the door of Alcohol 12 Education Service will be open for the help that 13 they can give us. 14 --- (Applause) 15 THE CHAIRMAN: I would like 16 to call now on Dr. Morris Shumiatcher. 17 DR. SHUMIATCHER: Mr. Chairman 18 and members of the Commission, I have these copies. 19 THE CHAIRMAN: I will take 20 them and distribute them. 21 DR. SHUMIATCHER: Mr. Chairman, 22 and members of the Commission -- may I sit? 23 THE CHAIRMAN: Yes, please 24 be seated at the table. 25 DR. SHUMIATCHER: My interest 26 and experience in this subject derives from my 27

DR. SHUMIATCHER: My interest and experience in this subject derives from my practise as a barrister and from my especial concern over the tragic consequences of drug abuse that have come to/attention from time to time. As



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a consequence, I joined with other concerned citi
zens in Regina to form an association, "NADA", New

Approaches to Drug Abuse, and I have, from time to

time, met with groups of young persons, in one way

or another, affected by the use of drugs.

My submission is confined to a very few, simple propositions relating to the state of the law as it appears in The Narcotics

Act, and The Food and Drug Act, and the administration of these statutes at the present time.

The first: These laws, prohibiting as they do, the use of certain drugs of
a narcotic or other nature, create serious penal
offences for possession and trafficking. They
naturally offend the sensibilities of those who
believe that laws designed to regulate people's
morals or private behaviour are inappropriate.
St. Thomas Aquinas expressed this view when he
said that, since human law is framed for human beings
few of whom are perfect in virtue, human law cannot
forbid all vices from which the virtuous abstain".

It is my view that in general, the law ought not to concern itself with the disposition that an individual makes of his own person, and this includes sumptuary laws, such as the use and abuse of drugs or liquor or poisons, however harmful they may be to the individual, and even though they may result in death. The law ought not to seek to prevent a man from destroying his own life. It ought, however, to prevent a man from

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harming or destroying another's.

that prohibition of drugs is likely to be any more successful than was the prohibition of alcohol, unless there exists a general consensus in the nation that prohibition is desirable. Had the public in provinces such as Saskatchewan or in the United States, truly believed that use of alcohol was harmful, the prohibition laws of the '30's and '20's would still be in force. But the application of a moral law that was not widely accepted resulted only in bootlegging and serious crime. Heavy penalties were no deterrent.

Society, and its law making agencies, need concern themselves with sumptuary habits including those relating to drugs, only in two circumstances:

First, in their overtmanifestation, where a person whose capacities have
been destroyed or impaired as a consequence of the
use or abuse of such substances, becomes a menace
to others, as for example, when, on a "trip" or in
a state of intoxication, the use endangers the
lives or safety of others; and

secondly, where, having impaired his capacities through the use or abuse of the substances, an individual is unable to care for himself and claims the right to be assisted and maintained by society through welfare agencies and other publicly-supported organizations.

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Those who claim the right to

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use or abuse such drugs as are today catalogued in The Narcotics Act and The Food and Drug Act, should be prepared to relieve society of all obligation to care for them and heal and rehabilitate them in the event that their free choice should result in the impairment of their capacity to care for themselves. In short, the individual who desires the freedom to abuse his own body and mind, must be prepared to renounce the concept of the welfare state that it is every person's natural right to demand support for his body and diversion for his mind.

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There appears little doubt that the hard drugs such as heroin and cocaine are death-dealing substances; that the hallucinogens such as LSD and mescaline are exceedingly dangerous, as are also amphetamines such as AMT, STP, methedrine and the like. Few would suggest that the prohibition against their use should be lifted. The great debate centres around the possible legalization of cannabis sativa and hashish. It is amazing to think that although these substances have been in use for some 3,000 years, one continuously hears and reads that insufficient is still known about the effects of these drugs to form a conclusion as to whether they are deleterious to their users. The most recent United States Government Reports seem to indicate that whether or not the use of these drugs leads to addiction to deadlier preparations, there is some evidence that habitual users

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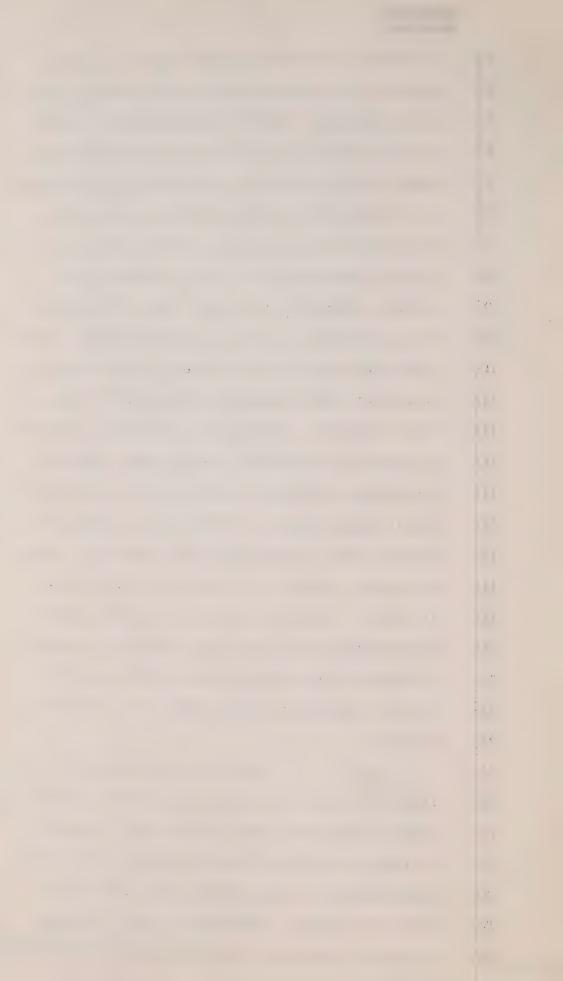
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1 of cannabis and hashish suffer some brain damage. 2 Whether this be true or not is of secondary import-3 ance in my view. What is more significant is the 4 fact that although these two substances have been 5 used in many societies in a variety of civilizations 6 in the Middle East, the Near East and India, for 7 about three millenia, these nations, with the 8 greatest experience in the use of cannabis and 9 hashish, today forbid its use. Many of these have 10 been societies of a highly permissive nature. 11 rulers have asked little of their subjects and the 12 members of these societies have demanded little of 13 their governors. Nevertheless, even these countries 14 in recent years have, for the most part, and with 15 the notable exception of Communist China and North 16 Korea, subscribed to the United Nations Treaty on 17 Narcotic Drugs, prohibiting their production, trade 18 and export. Canada is a subscribing nation today. It would indeed be ironical if, by the repeal 19 of legislation now prohibiting the use of cannabis 20 and hashish, this country were, at the age of 103, 21 to gain distinction as the world's first national 22 23 drop-out.

In my view, the dangers
inherent in the use of cannabis or hashish arise
from the likelihood that if continuously taken, it
is likely to result in the debilitation of the will
and eventually, in the deterioration of the mind.
The habitual user, I believe, is likely to become
withdrawn, tractable, easily led; motivation declines.





lost to society itself.

A world of make-believe replaces the real world, and indeed, if proof of this be necessary ---

THE PUBLIC: Oh, man!

DR. SHUMIATCHER: --- if proof of this be necessary is it not these very conditions and experiences that are the principal appeal of cannabis and hashish? Such persons are likely to become dependent upon society for support, and by that same token, their abilities are likely to be

For these reasons, I am of the view that use of these drugs ought not to be encouraged; that their acceptance ought not to be promoted. And I am moved to believe that the vast majority of citizens in this country, both young and old, are firmly opposed to their use. If that be the consensus, then there does exist a basis for continuing the prohibition of their use by law. I cannot subscribe to the unusual view of the Minister of Health and Welfare who is reported to have said that if "a substantial minority" were to favour legalization of the use of these drugs, no responsible government could deny their wish.

Surely, it would be ludicrous to suggest that if a "substantial minority" in any society favoured robbery or rape, or equally reprehensible behaviour, a government ought to pass laws sanctioning such conduct. Even if a majority were to approve such conduct, I would contend that it is the duty of government to do what is right and

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not what is merely pop.

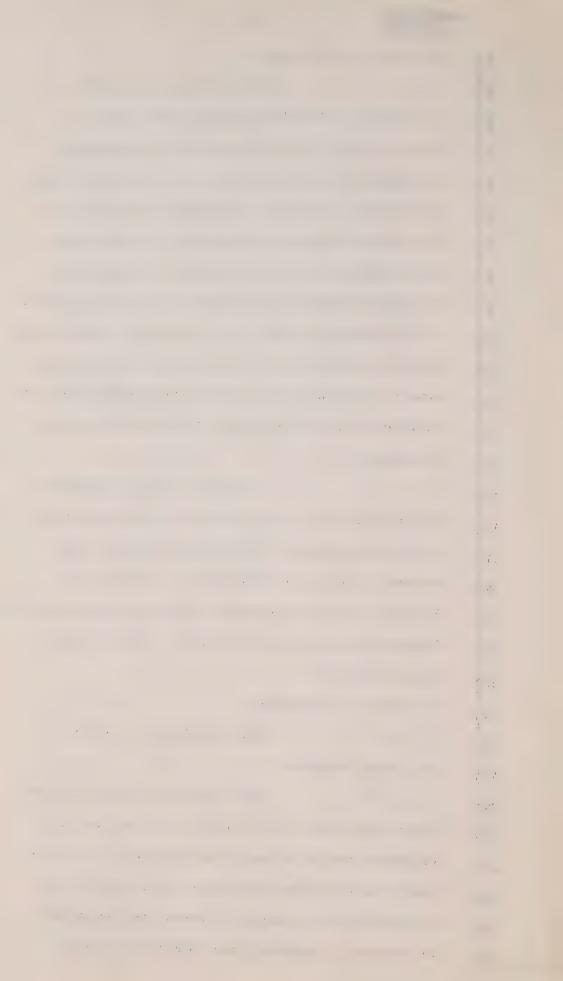
of cannabis and hashish be legalized, generally suggest that if these drugs could be purchased legitimately their quality would be improved, their price would be reduced, bootlegging would end, and the general underworld atmosphere attendant upon their present use would disappear. Frequently it is suggested that the government ought to establish a sales monopoly over these substances, guaranteeing quality, establishing a "fair price" and securing some revenues as well, perhaps, much along the lines adopted by the provinces for the sale of alcoholic beverages.

In my view, such a procedure would be unwise, not only for the reasons already stated, but because I foresee governments first, allowing the use of such drugs as cannabis and hashish, and then encouraging their use, and possibly because of the revenues involved, finally compelling their use.

--- (Public dissension)

DR. SHUMIATCHER: Well, you can think otherwise.

The soporific effect of these drugs upon users is well known. It was the view of Aldous Huxley in his "Brave New World" that the time will come when governments will insist that citizens use such drugs as these, for the purposes of assuring tranquility and calm in the nation.



1 In the authoritarian super-2 welfare state that can be envisaged, the common man 3 will be rendered completely manageable by the governing elite, they will cause neither trouble 4 5 nor turmoil to their rulers. THE PUBLIC: That is what 6 alcohol does now. 7 DR. SHUMIATCHER: Maybe, it 8 may well be. 9 As a reward for their work 10 each day ---11 THE CHAIRMAN: Excuse me, 12 everyone will have an opportunity to comment on 13 Dr. Shumiatcher's submission. 14 DR. SHUMIATCHER: As a reward 15 for their work each day, Huxley's citizens of the 16 "Brave New World" are to be issued their ration of 17 "soma", that wonder-drug that will bring to all who 18 take it, a feeling of supreme well-being and sweet 19 euphoria. In that ideal society, there is no place 20 for protestors or troublemakers, strikers, con-21 fronters, marchers, dissenters, sit-ins, teach-ins, 22 march-outs or walk-out. All will be smoothly 23 managed. 24 It is my concern that legali-25 zing cannabis and hashish, or any of the other 26 drugs with which we are concerned today, will be 27 the percursor, not of permissive laws that allow 28 those who wish, to drop-out, but rather of laws 29 that will encourage and ultimately compel the use

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of drugs that will make men tractable and obedient and destroy their will.

While I favour the prohibitions in the laws that exist, I am of the opinion that the penalties attached to the breach of these laws are far too severe. It is not true, as some suppose, that the harsher the penalty, the greater is the deterrent. Had that been so, there would have been no crime 150 years ago when more than 200 offences were punishable by death.

In my view, possession of a prohibited drug, while remaining a crime, ought to be punishable by imprisonment for a very short period of time, one to seven days at most. penalty ought to be severe enough to register society's disapproval of behaviour that is unacceptable to it, but not so heavy as to crush the offender or cast him out. To the young who might simply be experimenting with these dangerous substances, this would constitute a rather stern experience, and might have both a deterrent and reformative effect. Long sentences in prison can have no beneficial result; such sentences are likely simply to earn the badge of status in the young user's peer group. The young offender, certainly, ought to be placed in quite a different position from the dope peddler who trafficks in narcotics for profit and consciously and wilfully seeks to corrupt the young. The central legal problem, in my view, is to make the punishment better fit the crime.

1 2 3 4 5 6 7 8 9 10 11 12 13 · 14 15 16 17 THE CHAIRMAN: 18 Dr. Shumiatcher. 19 20 21 22 23 there, you are on the right track. 24 25 I just wanted to know what kind of a man, you know, 26 27 28 29 30

The central social problem for the individual, I believe, is to acquire sufficient knowledge to judge and make a choice for himself, whether to abstain from the abuse of drugs or to indulge in their use because it is the "in" thing on the scene today. Instilling fear in the mind of a young person will never deter him from using drugs; on the contrary, if he has the normal instincts of the young of every generation, he will be challenged to try the thing most feared, and he will cast himself in the role of a Prometheus to boot. It may be walking a high alpine ledge; it may be swimming across a swift, swollen river; it may be exploring the wilderness of a new country, of it just may be mainliningH, the heaviest stuff of all. Perhaps it is that in our highly organized country, he has found no other challenge.

Thank you,

The gentleman at the microphone?

THE PUBLIC: I would take it

from that, then, that you are against marijuana?

DR. SHUMIATCHER: Carry on from

THE PUBLIC: That is fine.

is against a kind of a law like that, but takes money from students to defend them against -- (applause) I mean, do you deny taking cases of this sort?

DR. SHUMIATCHER: Of course,

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I take cases and defend young persons, if you wish me to answer, Mr. Chairman, who are charged with unlawful possession of these drugs, but I am against their use, just as I take persons who are charged with murder and I am against murder.

THE PUBLIC: The principle there, though, it doesn't concern you if it is financial, it's fine. But otherwise it's bad.

THE CHAIRMAN: Ordinarily, I shouldn't express an opinion, but I think we are talking about the profession of law and the duty of a lawyer, and thelawyer separates his professional duty from his personal feelings, or beliefs, and lawyers — if lawyers would not defend people, perhaps, under laws of which they disapproved, we would have no legal profession with which to serve the citizens of the country, so I think that there is a special situation there.

THE PUBLIC: Sir, I was just wondering if you feel, through the speech that you gave us, do you feel you are communicating with us?

Were you trying to communicate with us?

Gentleman at the microphone?

DR. SHUMIATCHER: No, I wasn't addressing myself here to the audience at all, I was addressing myself to the Commission. If there are members here at present, who received any benefit from what I had to say, I am delighted. But, principally, my submission, as it is entitled, is directed to the Chairman and members of the Commission.

1 THE PUBLIC: Well, I thought 2 the idea of this Drug Commission, at least as far 3 as I understand it, is set up for everybody to take 4 part in, not just the panel up there, and I am rather 5 disappointed in your speech for that very reason, and I think most of the people here are ---6 7 THE CHAIRMAN: No, I must call 8 you -- there is a very wide latitude here, but I 9 don't think that is a fair comment. This was a submission made to the Commission like other sub-10 missions, and you have enjoyed the widest freedom 11 of expression here today. 12 THE PUBLIC: Yes, I have. 13 THE CHAIRMAN: And Dr. Shumia-14 tcher is submitting himself to questions, and there 15 is no basis for any reflection on that. 16 THE PUBLIC: All right. 17 apologize for the statement I made, but I still 18 believe that you have to communicate with people 19 before you can help them. 20 Now, for instance, you don't 21 believe in the legalization of marijuana. But, I 22 mean, could I please have your views on that subject? 23 DR. SHUMIATCHER: I think I 24 have taken enough time. I think I have expressed 25 them as succinctly as I can. 26 THE PUBLIC: Not to us, you 27 expressed them to the panel. 28 DR. SHUMIATCHER: I had occasion 29 young people's groups and other groups to address 30

as well in many parts of this province on my views, 1 and I am more than happy to do so on other occasions, 2 but I feel that I have rather made my pitch to the 3 Commission today on this particular point. 4 THE CHAIRMAN: You have made 5 your views public, and there is an opportunity here 6 for discussion. 7 Gentleman at the microphone? 8 9 THE PUBLIC: Yes. It is just that I feel that the type of people who present 10 this argument are just too greedy, feel they have 11 too much to gain by the types of things they do. 12 And since I know this type of argument is useless 13 because it is continually presented to us, I 14 think a few of us realize that it is a bit of crap 15 and we are about to leave. 16 THE CHAIRMAN: Gentleman at the 17 microphone here? 18 Could I ask a MR. STEIN: 19 question ---20 THE CHAIRMAN: --- To the 21 gentleman leaving the room? 22 Not the gentleman MR. STEIN: 23 leaving the room, just to the gentleman that was 24 up, in the green sweater. 25 You were suggesting, and I want 26 to understand this, that you didn't feel that there 27 was any communication, and I wondered if you mean 28 by "communication" that it has to be agreement? 29

other words, is your definition of communication

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that when people say something that they are in agreement?

THE PUBLIC: Not at all. What this gentleman said here today on this thing, I was wondering if it was an exerpt from something, because it is past history. I realize what hashish does, and I realize this is what heroin does, but we have got to do something about it. I mean, this is why that gentleman said that and walked out, because there was no communication to us young people.

MR. STEIN: Are you speaking on behalf of all of the young people in the room now?

THE PUBLIC: No, no.

THE CHAIRMAN: Gentleman at the microphone here?

THE PUBLIC: Yes. I would just like to speak here about Mr. Shumiatcher's speech.

lack the will to follow through a logic, possibly because lack of contact with other human beings, especially contact with human beings who have ever used drugs. In the first place, he even made a very important distinction; two very important distinctions, pardon me, that were crucial, which, of course, he neglected to follow through on.

The first one was, he said there was broadly -- divided the laws into two sections, the one was moral, and the other non-moral.

Now, the other questions, moral questions, are very hard to legislate, besides the

question of whether or not you should. So, of course, he used the second distinction which was whether or not it was dangerous to the rest of society to allow individuals to continue in certain activities which the society found immoral.

Now, he immediately skirted that and completely ignored those two criteria and went on to say marijuana should be illegal. But the very fact that he brought up those two points, points out exactly why it should be legal, because when people are smoking marijuana there is no danger or no more danger of them hurting society than any other drug or possibly even less than, for instance, drugs such as liquor or alcohol; drugs such as speed, which is legal. Then he himself pointed out the very roots of the argument which destroys his argument.

And I would suggest either he answer those objections or else take note of them.

THE CHAIRMAN: Would you care

to ---

DR. SHUMTATCHER: If I understand you correctly, you say I start off by saying that it is a moral matter if you wish to use this substance. My own view is it is unwise to use it, but I agree ---

point. I say you made the distinction between moral laws and other laws, and you quoted Lomas Aquinas, stating that moral laws weren't very -- it was very uncertain whether a person -- whether a community should have morals.

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DR. SHUMIATCHER: Quite so.

THE PUBLIC: You also made a

distinction that if moral laws are used then you should be very careful that the criterion that you use is whether or not it hurts other people. And so, for instance, one of the examples that you use is that if the federal government said a "significant minority" of a population thinks that the community should rape and murder, then obviously it should not be legalized. Well, that is completely outside of both of the realms which you discussed, that is neither a moral question; or at least it would seem to me, it is not moral, but whether or not it is . moral , is soon overcome by your second criterion which is, that it doesn't harm the society. So that means that that example is completely out of discussion. You have already put it out. But yet you brought it in again to use it as an excuse against the legalization of marijuana.

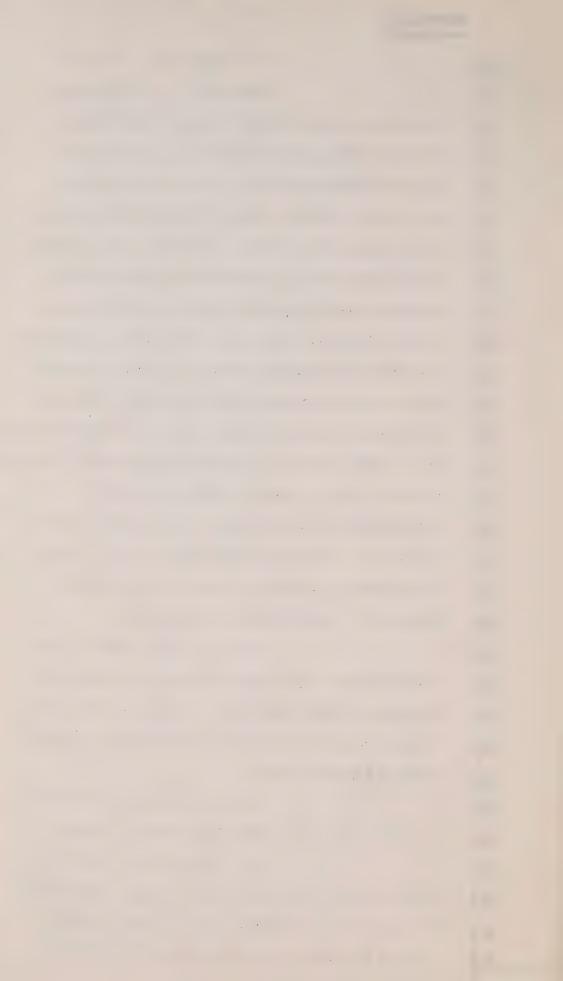
You said, quite plainly, that just because a significant minority of people use marijuana doesn't mean that it should be legalized.

That is as silly as saying, a significant minority want to rape and murder.

But, you already pointed out why that wasn't so. Now, that was my objection.

DR. SHUMIATCHER: Very well.

Well, my view, of course, is, the person who wants to use any of the drugs, and if it were possible for him to remain in the cubicle of his own home



and go on his trips, or whatever he wished to do, and his doing that affects no one else, I think he has every right to do so just as I feel a person has every right to get stupid drunk in his own house and destroy his life that way; that's his business.

Or if he wants to shoot himself, or hang himself, that's his business too.

But, I have to, and I think
your objection is a well taken one; I can't simply
then transpose that and say if he does that, then
I can't compare it to murder or rape which affects
some other person, and your criticism is a very
fair one.

The only way I was able to get into that position and draw a comparison, I think, legitimately, is this: that what happens, unfortunately is, the users of these drugs generally don't stay in a cubicle by themself indefinitely. That is the first point. But they generally, as a rule, then come into society and say, "Our lives are wrecked, help us, we are in a terrible jam", and that is the first problem.

And then society, of course, does take a hand.

Now, at that point, I think the issue becomes analogous to the other example which I gave, of murder, of rape. And I think it is important to bear that factor in mind.

And then I have the other problem which society has, and that is this: I

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1 appreciate the fact that the individual should 2 have the right to say, "I wish to opt out of society; 3 I am going to a desert island; I am not going to 4 have anything to do with organized society." And 5 I think it is everyone's right to do that. I think it is. But on the other hand, there is the problem 6 7 of the standards of society, and the kind of 8 society that will result from persons placing 9 themselves in a position whereby doing that, 10 opting out, either physically or through the use of drugs, they then open the door for a tyranny 11 12 in society. Because it is my view, and you may take issue with that, but the persons who are on 13 these drugs -- I agree, they don't become violent, 14 they generally don't take off and kill people, 15 generally it is themselves, but what they do by 16 removing themselves from society, they pave the 17 way to a kind of tyranny by those who wish to take 18 advantage of the opportunity for power. 19 And herein too, I think society 20 15 21

THE PUBLIC: I am going to get to that distinction. You added that to your argument because that effectively takes it one step further, puts it far more clearly into the open.

First of all, people who do

take marijuana and LSD for the reasons that, for

instance, Dr. Blewett mentioned, attempt to stay

within a cubicle and attempt to cut themselves off,

at least at the time they are taking it.

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THE PUBLIC: For what reason?

THE PUBLIC: I am sure I have

seen a far higher percentage of marijuana users than, for instance, you have, and the only time I have every seen them come to society and ask for help because they were broke was when they got busted. Now, granted, there are a few, but usually the people they go to are people who are other heads, when they are having a bad trip, or people like Dr. Blewett who are doing exactly the opposite of what you do. So your argument comes our futher. What you are doing, you are generalizing both on a very small minority of the people ---

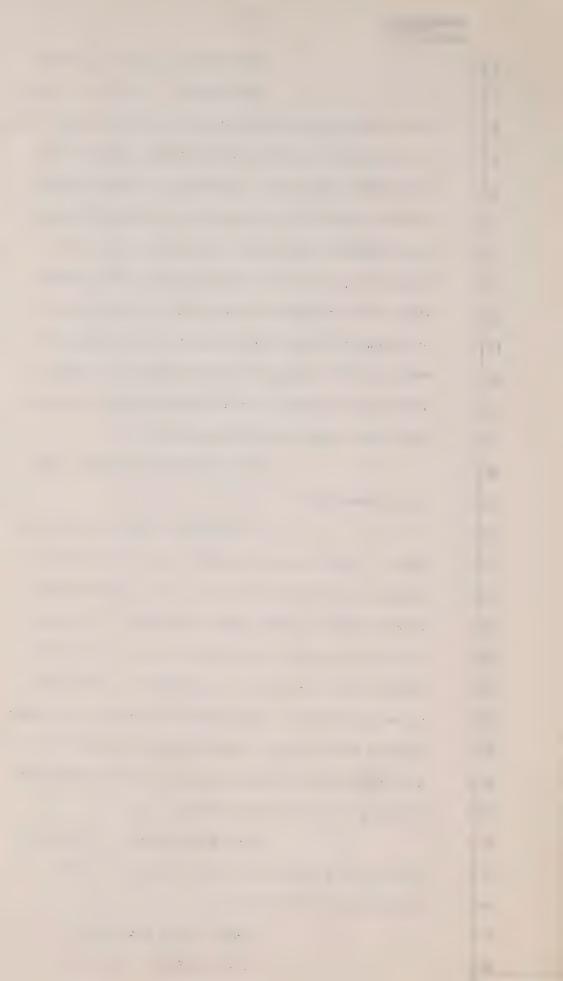
DR. SHUMIATCHER: Could I ask

you a question?

THE PUBLIC: That is only one That is your argument. Now, the counterargument to that whole scene, like, your argument itself doesn't stick, but the counter, the basis of another argument that is far more realistic is the fact that there are very definite advantages to be gained from the use of marijuana and LSD, and because those people have different styles and they have different things, and that obviously is going to affect the society.

DR. SHUMIATCHER: I am going to ask you a question, and I thought you were almost going to go into it.

> May I ask a question? THE CHAIRMAN: Certainly.



DR. SHUMIATCHER: You talk about the advantage of using marijuana and other hallucinogens. Tell me, what kind of a society do you think we would have if everybody, if everybody, used these hallucinogens daily? What kind of society ——

DR. SHUMIATCHER: What kind of society, can you describe it?

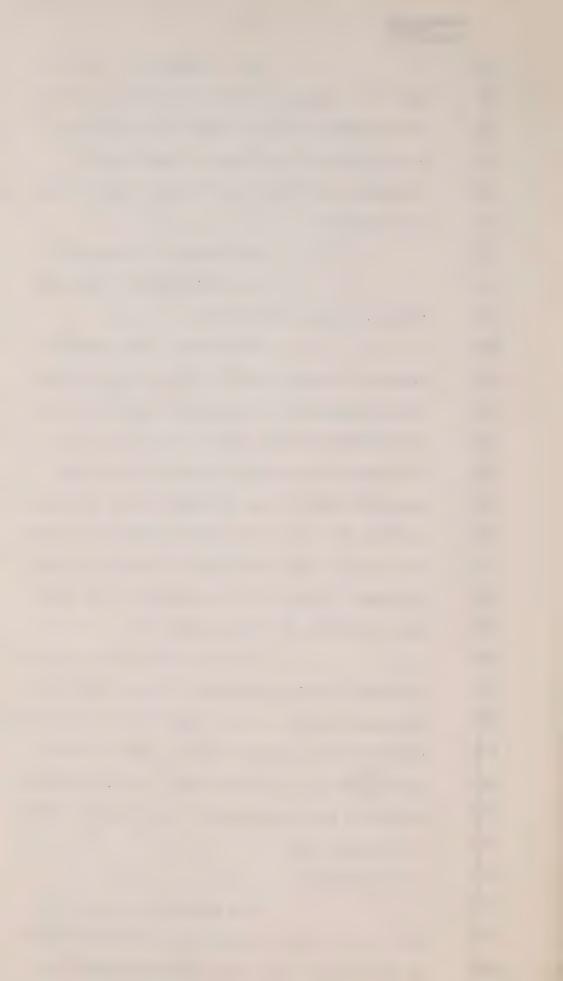
THE PUBLIC: Excuse me --

THE PUBLIC: You used this
example of "soma", which is that "soma" in Aldous
Huxley's book was a tranquillizer and it was not
a psychedelic at all. And you know, of course, I
use Aldous Huxley again because in three other
essays or books he has described use of psychedelics
as being very beneficial towards perception, and
as I say, in "Brave New World", soma was a tranquillizer, it was not a psychedelic. Now what
sort of society am I interested in?

In the first place -- I don't think you can take psychedelics every day, and in the second place, it is not beneficial to take them more than once a month; that is, LSD, or whatever it is. The type of society that I would envision would be a very philosophical, very highly intense, intellectual type.

--- (Applause)

The reasons for that is, as often in the case of marijuana, one of the things is that it will relax you, and we know that when you are running around a building, for instance, or



when you are running for two miles, your concentration span is just about nil. If you are trying to think of a method of breaking the atom you will never do it when you are running around. But, if you can sit down and take the energy and put it to mental use, then you are capable of greater concentration, which is exactly what we found in marijuana.

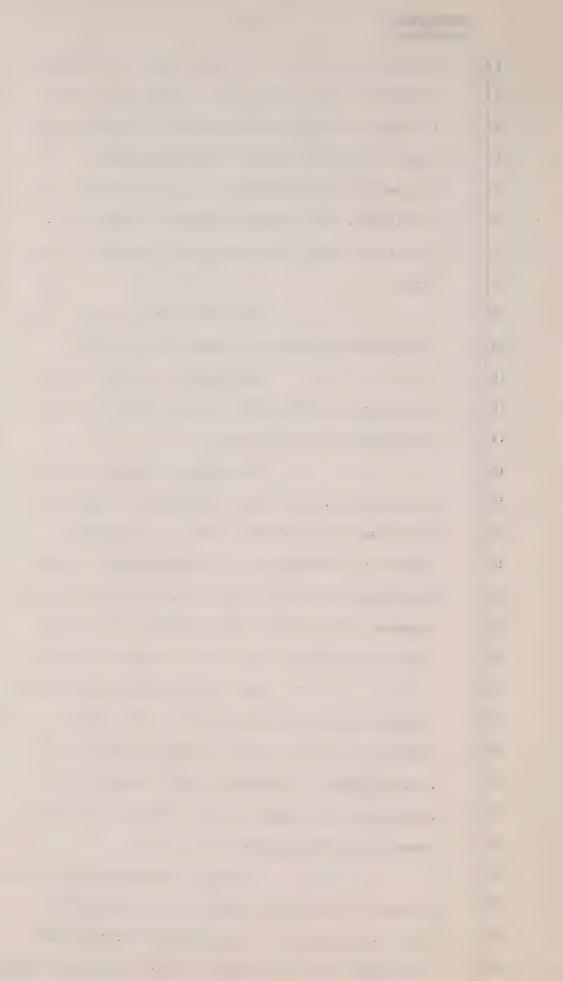
DR. SHUMIATCHER: That is fine,
I have nothing further to say in the matter.

THE PUBLIC: I would like to just point something out that I said earlier this afternoon at the University.

We seem to be arguing a lot of things here that aren't immediately important as far as I am concerned. What is immediately important is keeping the young people out of jail and getting them back into society where we can get together a little bit. And another thing is the impurities that are being sold in chemical drugs.

Well, these two problems, both of which are very, very serious — this can be attested to by the number of people going into general hospital emergency wards, and also the number of young people in jail. These both can be remedied by legalization of marijuana.

I speak of marijuana specifically, as some of the harder drugs or the psychedelics, I think, would have to be controlled to some extent, or at least the environment in which they were injested,



would have to be controlled to some extent. But these two major problems could be alleviated by the legalization of marijuana and by controlled distribution.

--- (Applause)

THE PUBLIC: I just wanted to say it would be a good idea if you hear from the students about Shumiatcher. Every time he comes and speaks somewhere he pisses everybody off.

Everybody knows he's a spokesman for the reaction= aries. He gives us all a hard time, every time he comes out he argues out little, petty bits of logic and plays around with his words and never comes to the point. And he is making a buck, and I think we should ----

--- (Dissension)

THE CHAIRMAN: It occurs to me, while you are going through this catalogued criticism, that probably, prominently on that list is an argument of personal abuse, and if we are going to be highly critical, and if we are going to criticize institutions and style and so on, it behooves us, surely, to set an example ourselves.

That was a Neanderthal man speech of personal abuse.

I, as Chairman, am perturbed.

abuse him as a man. He has two arms, two legs,
he is all there. I didn't abuse him as a man, I
abused him as the ideology he represents.

THE CHAIRMAN: but he is under some restraint at the table, and I think we have to

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maintain the stability of our discourse.

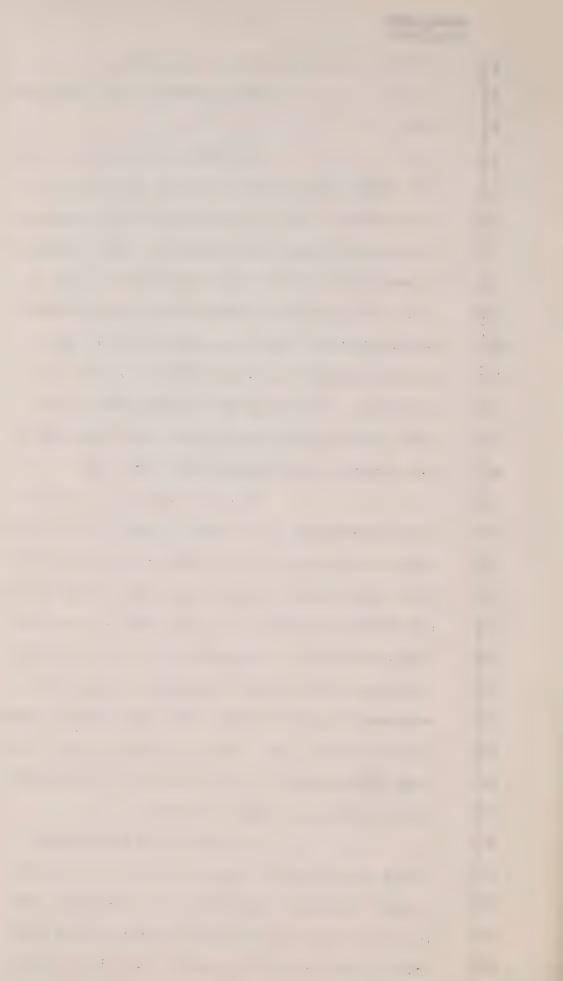
The gentleman at the microphone

here?

tion that Dr. Shumiatcher has made, with these soft drugs and marijuana, it is recognized that they are not as bad as these other things and therefore should be dealt with, with a very mild sentence, like, in jail. But it has been indicated, and several people have said, and I think this leads to one of the greatest dangers with drugs, that it is sort of a little "no, no", so you get a little smack on the hand. But it reinforces the ideas that marijuana is bad, there is something bad about marijuana.

This boils down to all of the horror propaganda, and we had an example of this here several months ago with a program called Project '70 where they came out and said marijauna is bad, LSD is bad, hereoin is bad, a big list; everything was bad. They were trying to communicate to a bunch of people in schools, high schools, elementary schools, that were being exposed to drugs. And these people looked and said, "Well, look, this is a bunch of crap. Soft drugs are not harmful, they are not any more harmful than alcohol, and alcohol is legal.

And here is the Establishment giving us the heavies again. They are saying 'This is bad." For some reason they don't want us to use it, and we have used it ourselves, our friends have used it, with no harmful effects. And this leads us to believe that all the stuff we get from the Estab-



lishment is crap. All this stuff about heroin is crap." And it comes to a situation like was described a few minutes ago, about sex education, saying, "VD is bad, therefore, sex is bad." And people know that sex isn't bad, so they forget about the fact that VD is bad, and they go and get VD.

In this particular case, they don't believe that marijuana is bad so they go our and try heroin and they get hooked on heroin. But it is the whole basis of our drug education. Even this chap who was up a little while ago suggested a program about dependency, not a program about independency, none of the good aspects. Like marijuana is part of a bad thing. And if you can't convince kids with that, as obviously you can't because they are using this stuff, then it leads to the not believing about heroin being bad, speed being bad; they get hooked on this stuff. So what you have to do is say, "Look, there is nothing wrong with marijuana, let us legalize it." Not a smack on the hand and say its a no, no. There's nothing wrong with it, legalize it --- (Applause)

that education is the solution to the drug problem, but it is a solution that has been put forward for years now, where they say that all the kids are taking dope so we have to educate them. And you know, there is a Drug Dependency Association and I frankly think that this is all a whitewash. There has been education for years now; none of it has been any good. And until you realize that people use

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drugs for a reason, and there are social causes
behind the use of drugs, and you have to do something
about those social causes, you will never solve any drug
problems and you will not solve them through this
education. They don't know nearly as much as
the kids know themselves.

And if you have read something about the drug education put out by the R.C.M.P. and all this kind of rubbish, it is not believed. The kids don't believe all the things they hear, and they just don't believe anything. And this education is just no way at all. You have to find some other solution some more, basic solution to the problem.

THE CHAIRMAN: Thank you.

ask the Doctor here if -- in Vancouver we have the same problem as you do in Regina, and I was just wondering how you could suggest that we attack this problem and help the young people. Do you feel money is the answer? Do you feel that if we all make a lot of money, do you think that is the answer? Do you think if we were materialistically happy the society would improve that way?

DR. SHUMIATCHER: No, I don't think it has anything to do with money at all. I think it only has to do with what values one places on society, on one's life, and the purpose of one's being here. That is to say, -- what interests me is that the argument so frequently made is that

alcohol is good and so drugs are good.

Let us suppose we had to start from the beginning. Let us suppose there is a question of whether alcohol is used at all, not whether people developed a desire for it or made it a part of a way of life. What would your answer be? Would you favour widespread use of alcohol or, if you started a society -- purely hypothetical -- with a carte blanche, clear sheet, what would you do about alcohol? I think that I'm -- I mix occasionally, I use it, but I think it has caused more misery to our society than it has brought benefits. So, why one reasons that since alcohol is permitted, drugs should be I don't know, but all that I am saying is that the use of drugs is similar.

Now, the only question, you say, is," How do you solve the problem? "Individuals have to make choices, you have to make the choice, it is up to you. Putting persons in jail and punishing them, I don't believe in at all. I think it is rot. But the question, it seems to me, is, use why some people who this -- and it is not used by a large percentage of the population, but a minority, why do they find it necessary to have their pot?

You may think it is a great

thing and like it, and you look with contempt upon

the alcoholic who equally prophylastics for his

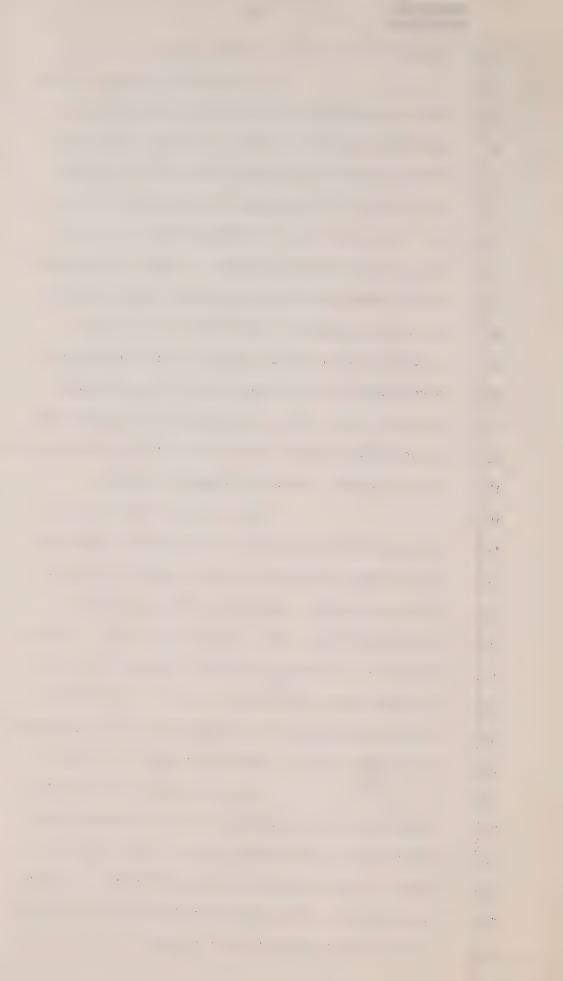
drink. I think they are both weaknesses. I think

in the sense of the scale of values, it is far better

if you need neither or want neither.

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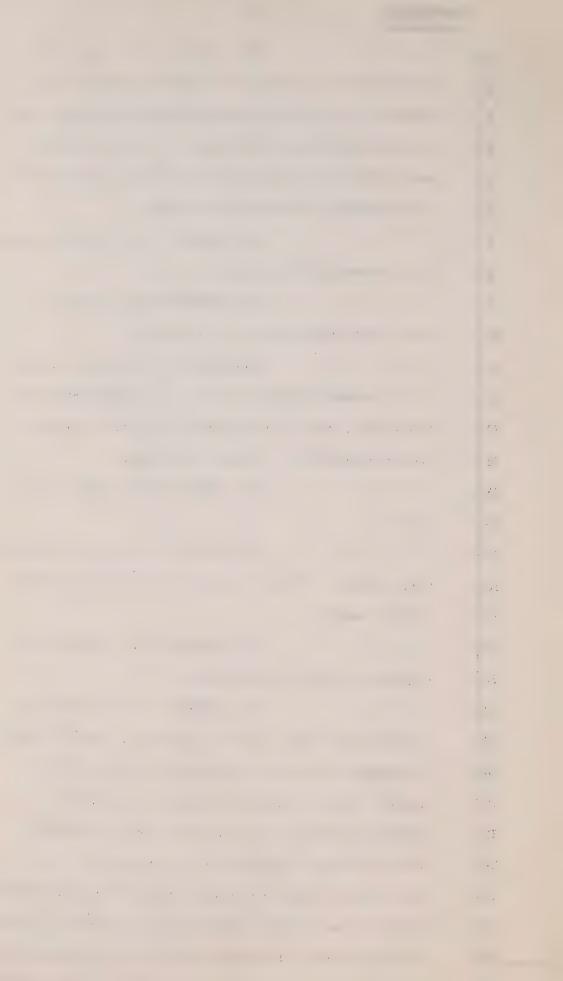
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1 Now, that is why I quoted St. Thomas Aquinas, none of us is wholly virtuous. The 2 question is, is it not more desirable with the sense 3 of values that you have, that you live in the real 4 world rather than the kind of make-believe world of 5 the alcoholic or the narcotic user? 6 7 THE PUBLIC: But we do not think it is a make-believe world. 8 9 DR. SHUMIATCHER: 10 don't, but neither does the alcoholic. THE PUBLIC: Why do you say we 11 are in a make-believe world? I am making money and 12 13 I'm living, and I'm not bumming, I'm not living on 14 social assistance. I mean, I am happy. DR. SHUMIATCHER: Where is your 15 smile? 16 THE PUBLIC: I think it is serious, 17 very serious. I think once it is overcome, then we 18 19 can all smile. THE CHAIRMAN: Dr. Lehmann has 20 21 a question for Dr. Shumiatcher. DR. LEHMANN: Dr. Shumiatcher, 22 I wonder if I might ask this question, based on your 23 philosophy outlined in paragraph 4, page 2, that 24 society, and its law making agencies, need not 25 concern themselves with sumptuary habits including 26 27 those of drugs, depending on circumstances -- in other words, referring to all habits, that there would 28 be one of two things, either lead to negative or anti-29

social behaviour or secondly, where, having the impaired

capacities through use or abuse of the substance, that



158 **B.PROUSE** 1 the individual must be maintained by society. Now, with regard to this, there 2 has been a recent issue in a medical journal, an 3 article which showed through experimental -- or gave 4 experimental proof that people who expose themselves 5 habitually to rock music, that is, 110 to 120 decibels, 6 7 that of those, 16% will eventually suffer substantial hearing loss, and the author concludes that these 16% 8 will simply have to be cared for by medicare, welfare 9 and social agencies. 10 11 Would you say, based on your argument, that the law should interfere? 12 13 DR. SHUMIATCHER: Very interesting question. The thing is that when big trucks on 14 the streets of Toronto cause noises about a certain 15 level, above a certain number of decibels; I don't 16 know whether there has been a law passed, but it 17 certainly has been proposed it be passed, a by-law 18 19 saying that such trucks must be prohibited on the highway. Similarly, we have laws that provide, if 20 a person drives a motor vehicle without a muffler, 21 that is an offence. Why? Because it makes too much 22 23 noise. DR. LEHMANN: But people who 24 choose to go to rock music while others are not 25 exposed to it, should they be prevented? 26 DR. SHUMIATCHER: Of course, I 27

DR. SHUMIATCHER: Of course, I think not. But I think heroin lies the dilemma that we are all in, because I am quite convinced that once the state underwrites the health of every citizen, it will, as a corollary of that, make

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demands on how people will conduct themselves
to maintain that health. That is to say, you may
not overeat, they may prescribe diets; you may not
sleep a certain number of hours; you may not abuse
your body, you may have sexual intercourse twelve
times a week. They will, -- the corollary of the statement, underwrite the health and welfare of the
citizens, in that the state will eventually
determine the conduct of the individual in the sumptuary areas.

I oppose both. I oppose the encroachment of the state in this area, because I think that is the greatest problem. I am very much on the side of the people who say, "I want to use alcohol, I want to use marijuana, I want to use anything I want", providing they live in the society upon which they can't make demands for their support and their maintenance after they have impaired or destroyed themselves.

Now, I know it is a difficult proposition, but at the same time, I think that that certainly is inherent in my view, of the use of these substances. And here we have it, the people who come before this Commission, as I have read, throughout the country, to a large extent, are very concerned people. People in the social welfare areas are concerned for these youngsters because they get into a mess, they become sick, they become deranged, there are problems, there are real social problems involved, and people want

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to do something for them. And I suggest, because

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the microphone?

of that sentiment in the kind of society in which 2 we live, society then takes it upon themselves to 3 place the very kind of restrictions upon the free 4 use of these drugs that the users object to, And 5 I am sympathetic to their objection to this inter-6 ference, but they live in this society and support 7 it and maintain it, regardless of what kind of a 8 society, because I suggest if we didn't have the 9 sort of welfare society in which we live, I doubt 10 very much as many would engage in the use of drugs 11 and narcotics as do. Because it is a very simple 12 matter on the one hand to use drugs and narcotics 13 and to enjoy the opting out of society, and on the 14 other hand to go to the welfare office in the 15 morning and get their check. 16 DR. LEHMANN: Would you then, 17 to go through with your argument, be in favour of 18 legal restriction of rock music over a certain 19 decibel level since it has experimentally been proven 20 that a certain percentage will suffer damage which will 21 have to be taken over by a welfare agency? 22 DR. SHUMIATCHER: I don't, and 23 I'll tell you one reason why I don't. That is why 24 so few people -- everyone likes to talk nowadays, 25 that so few people listen to anything, and ears 26 are used/little, that loss of hearing really doesn't 27 mean very much. 28

THE CHAIRMAN: Gentleman at

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THE PUBLIC: Speaking only for

myself, I question the effectiveness of drug education as far as credibility is concerned. Two cases at point that I can think of, and that is, a few months ago, one of our Regina schools brought me a pamphlet concerning drug education. And as far as marijuana was concerned they tried to show that you should stay away from this sort of thing because you would get drawn into this thing, you are going to be associating with unsavoury characters and people who live in shoddy surroundings, as though you were headed for skid row. And I think that the majority of young people don't buy this.

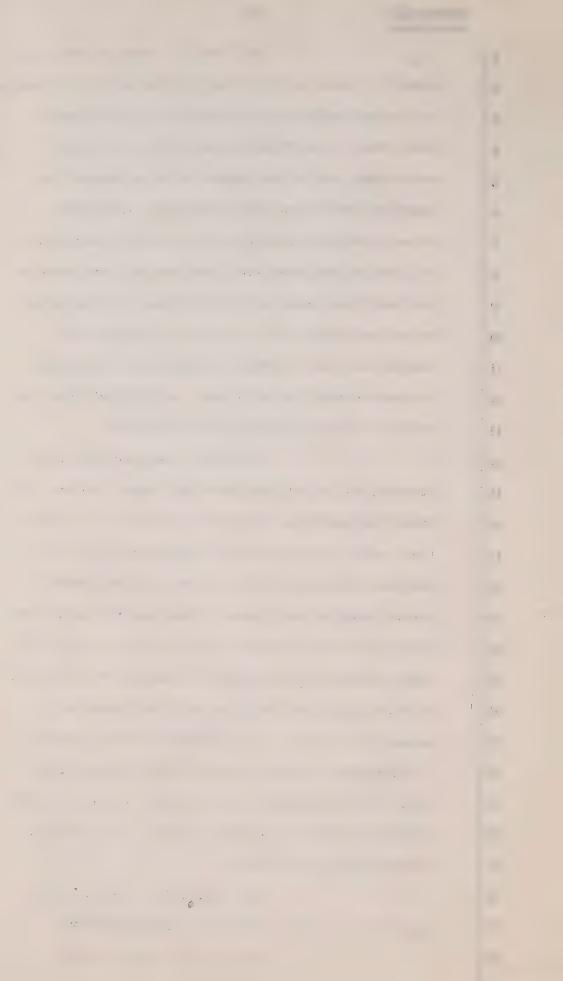
Secondly, recently CJMA ran a program, as has already been mentioned, Project '70, where the moderator repeatedly brought up the fact that, well he mentioned your Commission; that it's useless going around the country because Canada cannot legalize marijuana. These are his words; because of a treaty Canada signed in 1961, along with other nations, to help stop the spread of drugs, and this was going out over the air, and people are accepting this fact. And through further research I discovered that the leaves of the cannabis plant aren't even included in this treaty, and that should any nation want to legalize the lot, that they can withdraw from this treaty.

So, once agin, I bring up the duestion of credibility in our drug education.

That's all I have to say.

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REPORTING SER

THE PUBLIC: Dr. Shumiatcher spoke on the effects of marijuana; make-believe world, deterioration. Where did you get your information?

DR. SHUMIATCHER: It so happens, sir, that I worked very closely twelve , thirteen, years ago, with a group in this city who were the precursors of the use of LSD; LSD for various purposes. These included a great many people who have been interested in it, like Dr. Humphrey Osmond, Dr Abram Hoffer, Dr. Morgan Martin, and others.

As a matter of fact, I freely can state this, that a number of my friends in this particular group resorted to the use of these drugs.

I was too chicken to try them, I will be quite frank with you. And my observation, over a period of about twelve years, of a number of these persons, has convinced me of that deterioration I mentioned.

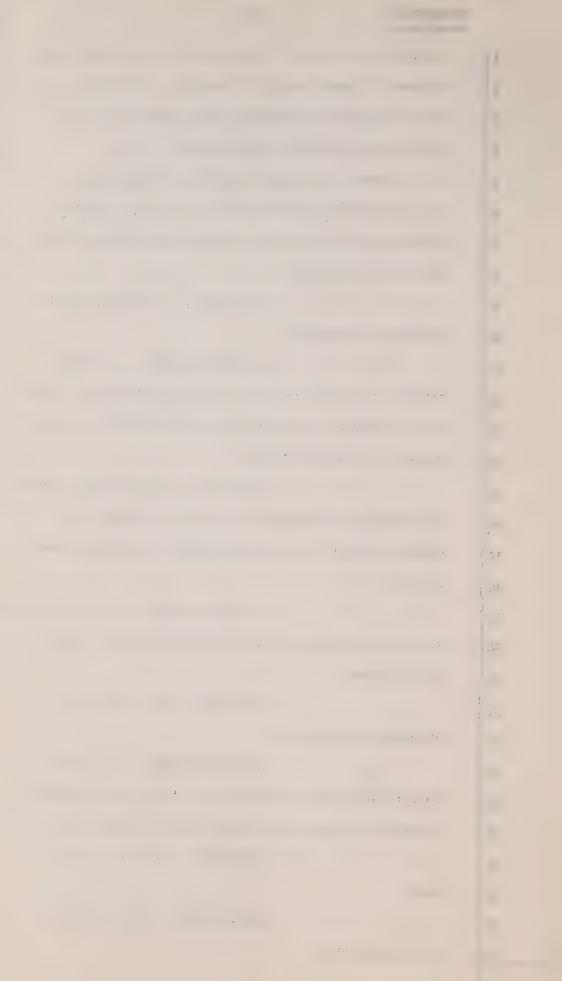
That is number one.

personal opinion or your observation of them?

DR. SHUMIATCHER: My personal observation.

Secondly, I have had a number of clients in this field, I have seen them under various circumstances, they are tragic in my opinion; where I have found young people, particulary young people, but, mind you, this isn't all young people, it is older persons too. To my mind, it is tragic, having known some of these persons, and

1	to know the results. To me, this is the great loss
2	of them as human beings to society, if you want to
3	use that term, as a whole. And this is why
4	these are my personal experiences. I am
5	not relying at all upon anything I have read,
6	it is just what I have seen in this city and in
7	Calgary and in Vancouver among persons whom I have
8	known for many years.
9	THE PUBLIC: I think you are
10	imposing realities.
11	DR. SHUMIATCHER: I am just
12	trying to answer your question as best I can. That's
13	what I base it on and I may be wrong and I may be
14	wrong in my observations.
15	THE PUBLIC: If we could arrange
16	it, would be interested in meeting a number of
17	people who are the exact opposite of what you just
18	defined?
19	DR. SHUMIATCHER: I am interested
20	in meeting anybody, particularly the young people,
21	at any time.
22	THE PUBLIC: How could we
23	arrange this meeting?
24	DR. SHUMIATCHER: You didn't
25	have much trouble finding me at the Court of Appeal
26	yesterday, so you know where you can reach me.
27	THE PUBLIC: Thank you very
28	much.
29	THE CHAIRMAN: Thank you,
30	Dr. Shumiatcher.





REPORTING SERVICE

DR. SHUMIATCHER: Thank you.

THE CHAIRMAN: Thank you very

much for your assistance.

I call now on Miss Moran,
President of the Provincial Council of Women.

If Miss Moran is here, if you would like to be seated at the table, Miss Moran?

MISS MORAN: If I could be heard from this microphone, I would just as leave stand here.

The brief I was to present was from the Provincial Council of Women and it was a consensus of opinions expressed by women, whose one concern was the alarming rate of increase in the use of drugs in the institutional, in the educational institutions, particularly in the high schools and the elementary schools.

Now, we believe that right now prevention is of prime importance. The mothers of teenagers and sub-teeners want their children to have the advantages of education, but many of them have expressed to me their doubts about having their children go on, particulary to university, because of the influence to which they are subject.

There are many things I was going to say, and I was going to read this brief but having listened to the, what shall I say, the arguments that have gone on here this afternoon where people who have not perhaps studied as much as some other people have, come up just to criticize.

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I can't quite see that. And I am here on behalf of the women, so I think I should skip that.

I would like to mention two or three things I will just pick out, if I may.

First of all, in comparing
marijuana, particularly with alcohol, I would like
to quote from Time magazine of September of last year
"Alcohol is tremendously dangerous to society but it
is now part of our culture". If that is any reason -"Is that any reason to invite a second equally
dangerous substance? One chemical escape valve for
any society should be sufficient."

THE PUBLIC: Alcohol is bad, marijuana is good.

people, I am quite shocked about how they can't listen to anyone else but themselves, and I would like to meet with them some time when they act like mature people who were given some subject, matter and are really concerned for the whole society, not just for your own little part in it, your part as young people, feeling that everyone is against you. And I can assure you, women certainly aren't. You all have mothers.

I think that all of us adults,

I will include all of us in that, should have some

concern for the youngsters. I mean in grades seven

and eight, and it has even been found in grades one

and two, in school, and I think that we are all, we

as responsible adults, as I presume we are, to be here,

in the field.

immediately without fear of facing criminal charges.

We are concerned that in news
3 reports of these hearings, it would lead one to

reports of these hearings, it would lead one to believe that Commission members, or at least, the press reporting these hearings, have already determined that marijuana should be legalized. Press reports enlarge on the opinions of the so-called experts to support this purpose, and to the exclusion of the opinions of those with actual experience

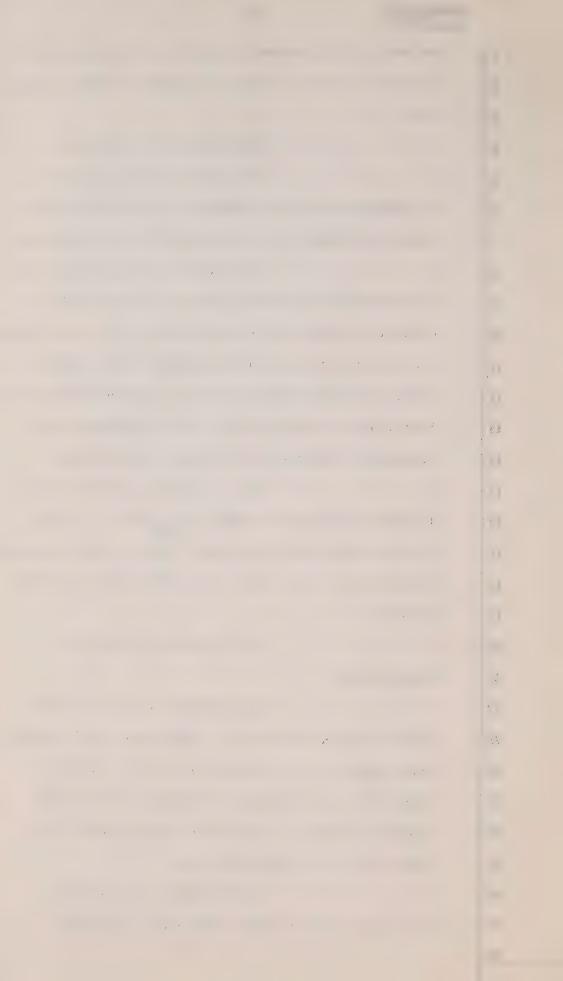
A case in point was the report of your hearing in Ottawa where these experts got up and academically explained how there was no danger and no harm and all this, and this was headlined in the paper, certainly in the Leader Post, by about a four-column headline about how harmless it was, and it didn't go on to say what came out in the morning news report over the radio that one young man jumped up and told them from his own of experience and that/dozens of his friends, that his life had been ruined and that this was harmful and he was out to see that other people were not harmed.

Now, as a Council representing thousands of Saskatchewan women, we are interested in doing our part in enlisting the mothers, grand-mothers and the aunts like me, in finding a solution to this problem and we really will do everything we can to see that people become knowledgeable and anything that the authorities feel that we can

do before this problem becomes so entrenched in our 1 way of life that we cannot turn back. Thank you very 2 much. 3 THE CHAIRMAN: Thank you. 4 Miss Moran, could you give 5 an idea of what is the membership of the Provincial 6 7 Council of Women -- it is obviously provincial wide. 8 MISS MORAN: Well, it goes from the local to the national level, and the local 9 Council is made up of organizations of men and women 10 who wish to go along with the idea of the best for 11 society and for people generally, particularly in the 12 homes, and at the provincial level the locals are 13 federated, and also all the other organizations. 14 Now, I can only estimate, but 15 I should think 40,000 might be a figure. I could 16 give you that more accurately. This is just estimated. 17 I can give it to you more accurately when I send in 18 19 my brief, THE CHAIRMAN: 40,000, in 20 Saskatichewan? 21 MISS MORAN: Yes, and we have 22 the national level where it represents, say 800,000 23 women, and at the international level -- at each 24 25 level, with any problem or something that we feel should be taken up, and at the international level 26 they give their recommendations. 27 28

THE CHAIRMAN: How was the brief approved? At what level was it approved?

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MISS MORAN: Well before the last

I have been President for a year now, but prior to concurred that, we have /on collecting data on this and it has been a study of probably four years; but at the provincial level, I asked, last year when I became President, for the ideas of the women throughout the province, and I have had letters from different organizations as well as from ordinary women. We are not out as a do-gooder society, but just what we can do as ordinary women.

THE CHAIRMAN: Thank you.

THE PUBLIC: Yes. The lady

At the microphone?

said that one chemical release is enough for any society. Alcohol may be a sufficient release for your society, but that does not necessarily mean that your society is my society. I think young people today are developing their own culture and responding very differently and will be in the next few years, than you have been, and we should be free to develop our own society, and this form of society takes a different type of chemical release. And it has not proven, to my knowledge, to be more dangerous than the release through alcohol. The development of

Another point I would like to

try to make is that a lot of people at this hearing

have said that users should be lightly punished,

but people who sell drugs should be heavily punished.

This shows a complete lack of understanding of the

this chemical release should be allowed.

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situation, the kind of situation where there is no such thing as clearly defined sellers and consumers of drugs. The traffickers are very widespread, somebody will buy a little bit of grass for \$10.00, and he might sell half, and he might give a little to some friends and he might sell a couple of joints to somebody who wants to try it or he might give you the prices and say, "See a couple of friends".

market and consumer approach. If you are going to punish the sellers you will have to punish by far the vast majority of people who use it at all.

to thank Miss Moran for coming today, personally, thank her, because it just goes to show the number of people who are really interested at all ages in youth, and I really appreciated it, and I noticed a lot of people were laughing and I was kind of disappointed, because these old people play a part in helping us too — these older people play a part in helping us too, and that is all I want to say.

very much. I just want you to know that older people are not down on youth, that this is not a battle of age and youth and it is strange of young people that when you are your age you really think you know it all and your older people don't know anything, and then as you get older you learn more and more and, by Jove, its surprising how much you've

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1 forgotten, because you find you don't know a quarter of what there is to learn. So I feel it is quite 2 easy to criticize other people, but we really should 3 have something to contribute, not just criticize. 4 THE CHAIRMAN: Thank you, Miss 5 Moran. 6 I call now on Dr. Barootes' 7 please. 8 Mr. Chairman, DR. BAROOTES: 9 I'm not an expert as so many people in this room 10 are, from exercise or experience. The views that 11 I express will be entirely my own. I beg your in-12 dulgence and I apologize to you for some of the 13 thoughts that I may be suggesting or holding as fears. 14 And the reason I present them is that I really do 15 think, Mr. Chairman, that there may be a large body 16 of people in this country reading reports of sub-17 missions made to you and to your Commissioners and 18 who have not heretofore exercised their option or 19 the privilege of bringing a view to you for fear it 20 be controversial. 21 By controversial I mean that 22 it may lead to objective or, it may also be subjective, 23 and if you will, rather hurtful to some of the people 24 on your Commission, and so I must apologize to you 25 in advance and I hope you will bear with me. 26 There appears to me and to a 27 body of people some suspicion that perhaps the

construction and methodology, the technique of our

Commission which we are sitting before

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today, is not one which is as perfect as we would like. There rises a body of suspicion that with some subjective corroboration, that the group in the Royal Commission are not entirely concerned with fact finding. I read the terms of reference and got the brochures available, and my big fear and the fear of some of us is -- I don't know how to express this without being offensive -- that possibly the people appointed as a commission, or to go a step further, the Commission itself, as it is now constituted, is not qualified particularly to sit on this problem, that if they did have qualifications in the beginning, that they may have quickly disqualified themselves. There is a fear and a suspicion that it is an intention of the authority that appointed this Commission, not so much to inquire into and to marshal information, but rather for other purposes which may, in part, be political and may be in part motivated for personal advancement, and that the facts are that they may be looking into problems which could best have been looked into by another method.

There is a growing body of suspicion that your Commission may be asked to be the rubber stamp or, if you will, the acquiescent body which provides the stamp of approval for an already preconceived ---

THE CHAIRMAN: I should tell you, Dr. Barootes, that you don't enjoy any privilege in a public hearing, and I want to hear you out, but



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you are making a very, very serious reflection upon the professional integrity of myself and my fellow Commissioners, and you may have to answer for it.

I will reply to you, and I will hear you out, but I must advise you that you cannot enjoy any privilege for remarks of such a serious inputation—please be seated, if you will. This is a very serious matter.

Please proceed.

DR. BAROOTES: Mr. Chairman,
I must apologize to you.

THE CHAIRMAN: I don't think I am particularly interested in apologies since you chose to make a statement publicly, but please conclude your remarks.

DR. BAROOTES: The purpose of my remarks is to suggest that you may have started out, and I have this in my statement which I just wrote out a few hours ago, with the best of intentions and the best of background, that there may be a body of people who are concerned and worried as to whether this Commission is hearing in deed and in fact all bodies of information or if, in fact it is hearing a viewpoint, by and large, which is likely to result in something that is preconceived by the authorities who set up the Commission.

THE CHAIRMAN: Let me say this, that we have advertised our meetings well in advance. We have welcomed everyone and invited everyone with their reports. We have made no selection among those who have chosed to appear before us. We have heard everyone to the best of our ability and in the

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time available to us. We have heard some in private 1 if anyone chose it. And we have gone across this 2 country for the express purpose of exposing ourselves 3 to the widest possible range of opinion. Excuse me, 4 I just want to make a further observation on this 5 point -- and we have shared the concern that we 6 should hear as fully representative body of opinion 7 as possible. Indeed, if you carefully examine the 8 record reported in the paper, you will see that we 9 have on occasion commented and expressed this concern 10 publicly and urged people to come forward, and there 11 is nothing, if I may add, nothing that we have done 12 by expression or otherwise to discourage the widest 13 possibly range for the expression of opinion. That 14 is with respect to this point, this concern. 15 16 Your other remarks I intend to reply to when you conclude. 17 DR. BAROOTES: Well, Dean LeDain 18 I will be pleased to present the substance of my 19 remarks to you in private. 20 THE CHAIRMAN: It is too late 21 for that; it is too late for that, Dr. Barootes. 22 You had better conclude and I will make my statement. 23 DR. BAROOTES: I have reason to 24

THE CHARIMAN: I don't know if you have anything to add to what you have already said, but please complete it before I make my remarks.

submit some of the worries and anxieties I have had

to you in private, if I have that privilege.

DR. BAROOTES: One of the

areas of concern that arise is that the timing of
this, and I would like to talk to you about it at
another -- on another occasion -- because I don't
want to offend this Commission.

THE CHAIRMAN: You have been very offensive to me so far, but I will comment on that because you have cast -- you have made a very serious reflection and I think my professional reputation in this country is such that I am not obliged to receive this and that is true of my colleagues. But I wish you to conclude your remarks. You are making a serious ---

DR. BAROOTES: I have concluded my remarks and I withdraw.

THE CHAIRMAN: If you will just stay there for a minute.

DR. BAROOTES: I would be pleased to.

suggested, you have reflected upon the independence of this Commission. It is constituted as an independent control commission, and I may say publicly that it has taken the most special pains to maintain its independence and that includes its independence from any political influences or pressures of any kind.

And you, in suggesting that this Commission is to be the rubber stamp of anyone's views, you have passed a very serious reflection upon myself and my colleagues. It is completely unfounded and it is so far from the truth, and so far from the truth



as to the manner in which this Commission has taken great pains to conduct itself, and great personal, I may say, exertion and sacrifice, that it is a very unjust imputation, a very unjust imputation indeed, and one which I repudiate. And one for which there is no foundation.

This Commission was given the basis of independence. It has cherished and exercised that independence and it has done its conscientious best to arrive at the truth in this inquiry. Now, this Commission is not responsible for the kind of impressions that public exchanges of opinions may have created. You are not the first to have complained about the nature of these hearings. These hearings have been conducted in the manner in which they have been because this Commission believes profoundly that it had to have the benefit of as wide an expression of opinion and understanding as possible in this country, and is not ashamed of the manner in which it has conducted these hearing, and it has no reason to believe it was wrong in its original decision.

But some have not liked it and there are some present today who have expressed the opinion to the Commission because they have discovered that in the course of these hearings they were subjected to examination and evaluation of criticism of their views.

Now, no one has come here except voluntarily and we respect those who have

come and we respect those who have submitted to this exchange, this dialogue, and questionning, and I remind you that the public hearing is only one of the methods employed by this Commission.

And the imputation that this

Commission is not fact finding is also completely

unfounded, without any substance whatever, because

you have no knowledge personally. You have completely

insufficient knowledge of the manner in which this

Commission has conducted its affairs.

The public hearings are but one aspect of this inquiry.

Now, I wouldn't publicly state
the time that I and my fellow members and very devoted
and dedicated staff, have devoted to this very
arduous task of attempting to form a sufficient
understanding of this phenomenon within a very short
time in order to form the basis of a responsible
interim report.

Now, my staff and my members
and I, have not worked under these conditions,
doing our very best to render the
service we can to this country, for a careless
imputation in public cast upon our
integrity of the kind that you saw fit to express.

I will thank you to think that

DR. BAROOTES: May I thank you for your remarks, and point out, Mr. Chairman, there was no imputation meant on the integrity of

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over very carefully.



your Commission or yourself or your secretariat. 1 I am referring to another problem altogether, and 2 if I may have the privilege of speaking with you when your 3 Commission has time, I would do so. I am pleased 4 to withdraw any such imputation if there has been 5 any in mind, and I apologize. 6 Do you think, sir, it would 7 be possible for me to discuss the substance of my 8 consideration with you? 9 give THE CHAIRMAN: I will/consideration 10 as to whether I think any useful purpose can be 11 served by further communication between us. 12 DR. BAROOTES: Thank you very 13 much. 14 THE PUBLIC: Excuse me. 15 Mr. Chairman, please may I say something on this 16 subject? I think what you have hear is simply a 17 lack of communication between this gentleman and 18 yourself. 19 Would you let me say something, 20 please? 21 Now, these two men are the two 22 most sensitive men in this room here, and they both 23 have been working very hard and they believe in what 24 they are doing, and they are doing a fine job for 25 the young people of today. And there is no real 26 difference in what they are thinking. They both 27 think exactly the same thing. But there are two 28 different ways to go about this problem, not just 29

setting up a panel, and that is part of it, and I



think Mr. Chairman has done a fantastic job.

Thank you very much.

THE CHAIRMAN: Thank you.

I think perhaps I should now

declare this hearing in Regina terminated. I should not like, however, to leave on a note which might create a completely false impression of the great benefit which we feel we have derived here today from a very well attended hearing, both here and at the university, and which we have had the benefit of very full, open, constructive and helpful participation. We have derived a great deal of benefit and we are very grateful to you for the manner in which we have been received here today.

Thank you.

--- Upon adjourning at 4:55 p.m.











